

**JOHNSON, SLAUGHTER, DRIVER & NORTHCUTT, P.A.**

**NEW CLIENT INFORMATION SHEET  
BUSINESS / ENTITY**

Date: \_\_\_\_\_

<b>Internal Use</b>
Client Number: _____
Partner: _____

**Please provide the following information:**

Name of Entity: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

How did you hear about our firm? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

1. Indicate your type of legal entity (Please check one of the following):

- |  |  |
|--|--|
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Non Profit      |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Estate/Trust    |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> LLC           | <input type="checkbox"/> SMLLC           |

2. When did your business start? \_\_\_\_\_

3. When does your fiscal year end? \_\_\_\_\_

4. Have you applied for a Federal ID Number (Form SS-4)? Yes ( ) No ( )  
If yes, please provide a copy of Form SS-4 and write your EIN in the space provided. \_\_\_\_\_

If no, please provide the following information necessary for our firm to file Form SS-4 on your behalf.

Contact Name: \_\_\_\_\_ SSN: \_\_\_\_\_

5. Describe your company's nature of business:  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your method of accounting?  
( ) Cash ( ) Accrual ( ) Other (Describe): \_\_\_\_\_

7. What state(s) does your company do business in?  
\_\_\_\_\_

8. Does your business own any real property (Land and Buildings)? ( ) Yes ( ) No

9. Does your business own any personal property (Furniture, Fixtures, Equipment)? ( ) Yes ( ) No

If you answered yes to question 8 or 9, please provide detail information on cost and depreciation.

**If your business is a corporation, answer the following questions:**

- 1. Have you recorded the articles of incorporation? Yes ( ) No ( )
- 2. Have you filed Form 2553 ("S Election)? Yes ( ) No ( )  
If yes, please provide a copy of the IRS Acceptance Letter.  
"S" Corporation Election Date: \_\_\_\_\_
- 3. Provide the following stock related information:
  - (a.) Par Value: \_\_\_\_\_
  - (b.) Number of Shares:  
Authorized: \_\_\_\_\_  
Issued: \_\_\_\_\_  
Treasury: \_\_\_\_\_

**If your business is a limited liability company, answer the following questions:**

- 1. Have you recorded the articles of o If yes, provide a copy.

**List the key stockholders or partners, officers, and management of the company:**

(1) Name: \_\_\_\_\_ SSN / EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ownership (No. of Shares / Percentage): \_\_\_\_\_ Office: \_\_\_\_\_

(2) Name: \_\_\_\_\_ SSN / EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ownership (No. of Shares / Percentage): \_\_\_\_\_ Office: \_\_\_\_\_

(3) Name: \_\_\_\_\_ SSN / EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ownership (No. of Shares / Percentage): \_\_\_\_\_ Office: \_\_\_\_\_

(4) Name: \_\_\_\_\_ SSN / EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ownership (No. of Shares / Percentage): \_\_\_\_\_ Office: \_\_\_\_\_

**Does your business have any of the following? (Check all that apply):**

- | <b>Yes</b>                         | <b>No</b> | <b>Need Info</b> |                                    |
|------------------------------------|-----------|------------------|------------------------------------|
| ( )                                | ( )       | ( )              | Retirement Plan                    |
| ( )                                | ( )       | ( )              | Group Medical Insurance            |
| ( )                                | ( )       | ( )              | Officer Life Insurance             |
| If yes, name of beneficiary: _____ |           |                  |                                    |
| ( )                                | ( )       | ( )              | Insured Medical Reimbursement Plan |
| ( )                                | ( )       | ( )              | Group Life Insurance               |
| ( )                                | ( )       | ( )              | Buy Sell Agreement                 |
| ( )                                | ( )       | ( )              | Pay Back Agreement                 |

**Please indicate the services you would like our firm to provide (Check all that apply):**

- | <b>Yes</b>      | <b>No</b> | <b>Maybe</b> |  |
|-----------------|-----------|--------------|--|
| ( )             | ( )       | ( )          | Preparation of income tax returns - Year(s): _____ |
| ( )             | ( )       | ( )          | Preparation of financial statement                 |
| Indicate level: |           |              |  |
|                 |           | ( )          | Personal   |
|                 |           | ( )          | Compiled   |
|                 |           | ( )          | Reviewed   |
|                 |           | ( )          | Audited  |
| ( )             | ( )       | ( )          | Preparation of Initial PSA (Privilege Tax Return)  |
| ( )             | ( )       | ( )          | Preparation of Business Personal Property Return   |
| ( )             | ( )       | ( )          | Bookkeeping services                               |
| ( )             | ( )       | ( )          | General accounting and bookkeeping consulting      |
| ( )             | ( )       | ( )          | Quick Books setup                                  |
| ( )             | ( )       | ( )          | Quick Books consulting                             |
| ( )             | ( )       | ( )          | Payroll processing                                 |
| ( )             | ( )       | ( )          | Quarterly payroll tax returns                      |
| ( )             | ( )       | ( )          | Monthly sales tax processing                       |
| ( )             | ( )       | ( )          | Apply for AL Sales Tax Number                      |
| ( )             | ( )       | ( )          | Apply for AL Withholding Tax Number                |
| ( )             | ( )       | ( )          | Preparation of Contractor's License                |
| Other: _____    |           |              |  |
| _____           |           |              |  |
| _____           |           |              |  |