



**NEW CLIENT INFORMATION FORM**

**BEFORE CREDITS CAN BE RESEARCHED AND EARNED FOR CLIENT, THE FOLLOWING INFORMATION MUST BE COMPLETED BY CUSTOMER**

<b>Corporate Structure</b>	<input type="checkbox"/> S-Corp	<input type="checkbox"/> C-Corp	<input type="checkbox"/> L.L.C.	<input type="checkbox"/> L.L.P.
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List the month and day of the tax year-end and describe any variances in this date for the prior 3 years and future 3 years, if any.  
*(If variable year-end, please provide a calendar)*

**Billing Address**

<b>Number of W-2s issued last year:</b>	<b># of Current Year Employees:</b>
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List states where state tax liabilities exist:

**CONTACTS (List All)**

Company's Contract Signor & Title	NAME	EMAIL	PHONE	FAX
Primary HR				
Accounting				
Accounts Payable				
Year-end Return Recipient (will be provided by secure File Transfer Protocol unless otherwise specified):				

**COMMENTS:** (These comments WILL NOT alter the Terms and Condition of the Agreement)

**Sales Representative:**