



BUSINESS TAX CLIENT SETUP

Business Name Business Type FEIN

DBA Name, if applicable Date Business Began

Signing Owner Name and Title % Ownership SSN

Additional Owner Name and Title % Ownership SSN

Address City State Zip Code

Business Phone: _____

Client Portal Setup:

Contact Phone: _____ (Able to receive text messages)

Contact Email: _____

Preferred Contact Method: ☐ Email ☐ Call

Preferred Documents Delivery: ☐ Electronic ☐ Paper

Referred by: _____