



Tax & Financial Solutions, Inc.

ATS Tax & Financial Solutions, Inc.
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Fill out and bring in, fax or email to: reception@taxangels.com

BUSINESS CLIENT INFORMATION

Date: _____

Name of Business (dba): _____

Type Of Entity:

Sole Proprietor: Owner Name: _____ SSN: _____

Partnership: Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Corporation: Officer #1: _____ SSN: _____

Officer #2: _____ SSN: _____

Officer #3: _____ SSN: _____

LLC Member Name: _____ SSN: _____

Primary Contact: _____

Alt. Contact: _____

Business Phone: _____

Fax Number: _____

Home Phone: _____

E-Mail: _____

Business Address: _____

Mailing Address: _____

Federal Employer ID No.: _____

EDD Employer ID No.: _____

CA Sec. Of State (Corp/LLC) No.: _____

Date Incorporated: _____

Business Activity: _____

Date Business Began: _____

Accounting Year (Begin): _____

(End): _____

Accounting Method: Cash Accrual Other

Accounting Software & Version: _____ Have Employees P/R Service Ind. Contractors

Other Business Names or Entities: _____

Client of ATS Since: _____

Referred By: _____

Fill out company name and owner name and bring in, fax or email to: reception@taxangels.com