

Type of Business: (Circle One)	C Corporation	S Corporation	Sole Proprietor
	Partnership	Nonprofit	

Business Information**Business Name:** _____**DBA Name (if applicable):** _____**Address:** _____**EIN:** _____ **Business Phone Number:** _____**Fax:** _____**Billing/Mailing Address:** _____**Ohio Business Gateway****Username:** _____ **Password:** _____**QuickBooks Password (if applicable):** _____

Owner Information**Owner 1:****Legal Name:** _____**Address:** _____**SSN:** _____ **% of Ownership:** _____**Owner 2: (if applicable)****Legal Name:** _____**Address:** _____**SSN:** _____ **% of Ownership:** _____*(If additional owners, please provide information in notes section)*

Contact Information

Primary Contact Person:

Name: _____

Title: _____

Phone: _____ **Email:** _____

Additional Contact Person: *(if applicable)*

Name: _____

Title: _____

Phone: _____ **Email:** _____

Officers of the Corporation *(if applicable)*

Legal Name: _____ **Position:** _____

Legal Name: _____ **Position:** _____

Legal Name: _____ **Position:** _____

Legal Name: _____ **Position:** _____

Notes

Services Interested In:

- Yearly Federal, State, City Returns
- Payroll Tax Returns
- CAT Returns
- Sales Tax Returns
- Unclaimed Funds Report
- Use Tax Returns
- 1099 preparation
- Bookkeeping Services