



BUSINESS CLIENT INFORMATION SHEET

Please fill out this form and return it to the front desk with your government-issued ID.

Business Information

Legal Company Name: _____ EIN: _____

DBA: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Address: _____
Building number, suite & street City State Zipcode

This business is a...

- Unknown (Consultation required)
- Corporation, partnership, or trust: **Date of S-corp election** (if applicable) : _____
- Large farm, self-employment, or rentals which exceed \$50,000 gross annual income
- Small business that does not exceed \$50,000 gross annual income

Contact Information

Contact SSN: _____ - _____ - _____ Owner Shareholder, Shares: _____

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

Title _____

Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Home Address: _____
House number & Street City State Zipcode

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Owner Shares: _____

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

Title _____

Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Mailing Address: _____
House number & Street City State Zipcode

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Shares: _____
First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year
Title _____
Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Evening Phone: _____ - _____ - _____ Email: _____
Mailing Address: _____
House number & Street City State Zipcode

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Shares: _____
First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year
Title _____
Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Evening Phone: _____ - _____ - _____ Email: _____
Mailing Address: _____
House number & Street City State Zipcode

Services

What services do you require?

Please mark all that apply. Drop-offs may take two or more weeks to process.

Year:	Service:
_____	<input type="checkbox"/> Consultation <input type="checkbox"/> Entity Registration <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Tax Return <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Consultation <input type="checkbox"/> Entity Registration <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Tax Return <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Consultation <input type="checkbox"/> Entity Registration <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Tax Return <input type="checkbox"/> Other: _____

Bookkeeping

Bank Name: (include credit card accounts)	Account Number: (last four digits)	Delivery Method: (How will you send data?)
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Credit Card <input type="checkbox"/> CSV <input type="checkbox"/> PDF <input type="checkbox"/> Quickbooks <input type="checkbox"/> Other: _____
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Credit Card <input type="checkbox"/> CSV <input type="checkbox"/> PDF <input type="checkbox"/> Quickbooks <input type="checkbox"/> Other: _____
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Credit Card <input type="checkbox"/> CSV <input type="checkbox"/> PDF <input type="checkbox"/> Quickbooks <input type="checkbox"/> Other: _____

Signature

All information provided by me to Pelican Tax Services is given truthfully and in good faith. Pelican Tax Services will not sell, release, or otherwise distribute my personal information without my consent. Pelican Tax Services will keep my records on file as required by IRS regulations and state law, after which time they will be disposed of in a secure manner. Pelican Tax Services is not responsible for discrepancies on your tax return which are due to incomplete, concealed, or false information, whether it may be accidental or otherwise.

Owner Signature

Date

Primary Contact Signature (if different)

Date



BUSINESS CLIENT INFORMATION SHEET
ADDITIONAL SHAREHOLDERS
(optional)

Business Information

Business Name: _____ Date: _____

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Shares: _____

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

Title _____

Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Mailing Address: _____
House number & Street City State Zipcode

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Shares: _____

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

Title _____

Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Mailing Address: _____
House number & Street City State Zipcode

Shareholder Information

Shareholder SSN: _____ - _____ - _____ Shares: _____

First & Last Name: _____ Birth date: _____ / _____ / _____
Month Day Year

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Daytime Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____ Email: _____

Mailing Address: _____
House number & Street City State Zipcode

