WARREN
SASSER &
ASSOCIATES
Certified Public Accountants

Business
Client Information Sheet

Business Name: _____

Business Address: _____

_____

Business Phone : _____

Employer Id. #: _____

Entity Taxed as a: ☐ Partnership ☐ S-Corporation ☐ C-Corporation ☐ Other _____

Contact Name: _____ _____
Name Title

Contact E-Mail : _____

Contact Phone : _____

Would you like to set up a convenient client portal, so you always have access to your information?
☐ Yes ☐ No Portal E-Mail Address: _____

Shareholders or Members

1 _____ _____ _____ _____
Name **Title** **Social Sec. #** **Ownership %**

_____
Address

2 _____ _____ _____ _____
Name **Title** **Social Sec. #** **Ownership %**

_____
Address

3 _____ _____ _____ _____
Name **Title** **Social Sec. #** **Ownership %**

_____
Address

4 _____ _____ _____ _____
Name **Title** **Social Sec. #** **Ownership %**

_____
Address

Who may we thank for referring you? _____