

New Business Client Information Form

Business Name: _____

Business Address: _____
Street City State Zip Code

Main Phone: _____ Fax: _____ Website: _____

Primary Contact/Title: _____

Email: _____ Direct Phone: _____

Secondary Contact/Title: _____

Email: _____ Direct Phone: _____

Entity Type: Partnership (1065) C-Corporation (1120) S-Corporation (1120S) HOA
Trust/Estate (1041) Non-profit (990)

EIN/Tax ID Number: _____ Date Established: _____

(If Applicable) Date Incorporated: _____ State Incorporated: _____

Partner working with: Gallacher Bosen Goodman

Services you need: _____

Who can we thank for referring you to us: _____

Additional Information We Should Know: _____

Please complete the following sections for all that apply:

Contact Information for Payroll Processing:

Contact Information for Financial Planner:

Contact Information for Attorney:

Contact Information for Bookkeeper:

