



# Debra A. Rowand CPA, PS

PO Box 5038, Kent, Washington 98064-5038

Phone: 253-639-2688 • Fax: 253-639-2690 • E-mail: [debra@drowandcpa.com](mailto:debra@drowandcpa.com)

## ***Business Client Information Sheet***

Client Legal Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Year End: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Incorporation Date (Provide Copy of Legal Documents): \_\_\_\_\_

S Corporation Approval Date, If Applicable (Provide IRS Approval Letter): \_\_\_\_\_

Referral Source: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Union? \_\_\_\_\_

Company Pension Plan? \_\_\_\_\_ Type: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Name: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ # of Shares: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Relationships, If Any (i.e. – Parent, Son, Daughter, Brother, Sister, Etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Potential Related Businesses, If Any, and Percentage Owned (i.e. - An Owner Has An Interest In Another Business Entity): \_\_\_\_\_

\_\_\_\_\_