



**MAIN CONTACT:**

Check best method of contact

Name: \_\_\_\_\_  email: \_\_\_\_\_  
 First M Last

Billing Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Alternate Phone: \_\_\_\_\_

Who can we thank for referring you to us? \_\_\_\_\_

**BUSINESS ENTITY TAX CLIENTS:**

Entity Name: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

Doing Business As (dba): \_\_\_\_\_

Entity Type:  Corporation  S Corporation  Partnership  LLC  Exempt

Fiscal Year End: \_\_\_\_\_ Signing Officer: \_\_\_\_\_ SSN: \_\_\_\_\_

Signing Officer: Address - \_\_\_\_\_

Email - \_\_\_\_\_ Phone# - \_\_\_\_\_

- **All New Entities** please provide a copy of your **IRS EIN Assignment**
- **New Corporations** please provide incorporation documents
- **S Corporations** please provide **Sub S Election acceptance**
  - **List of Shareholders with SSN/address**
- **Partnerships & LLC's** please provide list of **Partners/Members with SSN/addresses/email**
- **Exempt Organizations** please provide a copy of the **IRS Determination Letter**

Billing / IRS Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Web Site \_\_\_\_\_ Foreign Bank Acct? \_\_\_\_\_

Bookkeeper Contact Info: \_\_\_\_\_

Bookkeeper Email Address: \_\_\_\_\_

QB's Version: \_\_\_\_\_ Password: \_\_\_\_\_  PC  Mac

**AS A NEW CLIENT, PLEASE READ AND SIGN THE ATTACHED LETTER OF ENGAGEMENT.  
 IN ADDITION, A RETAINER MAY BE REQUIRED.**

**For office use only:** Client Number: \_\_\_\_\_ UT: \_\_\_\_\_ FC: \_\_\_\_\_ PRACTICE: \_\_\_\_\_  
 Notes/Engagements/Projects from CPA:  
 Staff Assignment from CPA:

**Vashon Island**

PO Box 1935 206 463-9944 office  
 10007 SW Bank Road 206 686-5004 fax  
 Vashon, WA 98070-1935 www.islandcpas.com

**San Juan Island**

425 Caines Street 360 378-2496 office  
 Suite A 360 378-2662 fax  
 Friday Harbor, WA 98250 www.islandcpas.com