

New Client Questionnaire

Today's Date: _____

Business Name _____ **Nature of Business** _____

Business Type (circle one) C Corp S Corp Multi Member LLC Single Member LLC EIN _____

Physical Address _____ Zip Code _____

Business Phone # _____ Business email _____

Software _____ Number of Employees _____ Number of Owners _____

Financial Statement Basis of Accounting _____

Payroll? Yes No Payroll Company _____

Retirement Plan? Yes No

Retirement Plan Type _____

Business website _____ Are you on Facebook? Yes No

Member / Shareholder Information

Full Name _____

SS # _____ Birthdate _____

Address _____

Cell _____ Position _____ Ownership _____ //

Ownership % _____

Full Name _____

SS # _____ Birthdate _____

Address _____

Cell _____ Position _____

Ownership % _____

What type of help do you need (circle all that apply)? Tax / Accounting / Financial Planning / Business Coaching / Other

How did you hear about the Darnell CPA PLLC? _____

Do you want to subscribe to our monthly e-newsletter ? Yes No If so, we will register you for it using the e-mail listed above.

For Administrative Use Only:

