



Internal use only  
Completed by:

\_\_\_\_\_

# Donovan CPAs

## New Business Client Information

Date \_\_\_\_\_

Tax Year End \_\_\_\_\_

Referred by \_\_\_\_\_

EIN # \_\_\_\_\_

### Business Information

Entity Type:  C Corp  S Corp  Partnership  Tax Exempt  Single Member LLC

Entity Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

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

Website: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive Text message Notifications? Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FOR INTERNAL USE ONLY**

**Tax Service**

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Billing Manager: \_\_\_\_\_

Preparer: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Other Service**

Audit\_\_\_Compilation\_\_\_Review\_\_\_Business Valuation\_\_\_Other\_\_\_

PIC: \_\_\_\_\_

Billing Manager: \_\_\_\_\_

Preparer: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Client Classification: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Business Industry: \_\_\_\_\_

Is this a group return? Yes\_\_\_\_\_No\_\_\_\_\_

Bill together? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, list of related returns: \_\_\_\_\_

\_\_\_\_\_