

Davis Accounting Services  
New Business Client Form

Date: \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone Numbers:

Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alt. Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization or Type of Business \_\_\_\_\_

(Organization documents needed for Corp., Trust, LLC, etc.)

How did you hear about us? \_\_\_\_\_

Federal ID \_\_\_\_\_ State ID \_\_\_\_\_ (if different)

Names of Key Personnel and Titles (confidential):

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Do you have any questions you would like answered today? \_\_\_\_\_

\_\_\_\_\_

**For office use only, please do not write below this line**

Name of Bookkeeper (confidential): \_\_\_\_\_

Name of Attorney (confidential): \_\_\_\_\_

Name of Person(s) Authorizing Engagement: \_\_\_\_\_

Business Paperwork on File in Our Office? Yes No

Fiscal Year End \_\_\_\_\_

FYE Due Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work to be Performed:

Bookkeeping Partnership Corporate Franchise

W-2 1099 Payroll

Other \_\_\_\_\_ Quote: \_\_\_\_\_