



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

**Business Name (as it appears on official documents):**

\_\_\_\_\_

**Doing Business As (if applicable):** \_\_\_\_\_

**Primary Contact Person Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone (preferred):** \_\_\_\_\_ (circle: Business/ Cell/ Other)

**Other Phone:** \_\_\_\_\_ (circle: Business/ Cell/ Other)

**E-Mail:** \_\_\_\_\_

**Alternate Contact Person Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone (preferred):** \_\_\_\_\_ (circle: Business/ Cell/ Other)

**Other Phone:** \_\_\_\_\_ (circle: Business/ Cell/ Other)

**E-Mail:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business EIN:** \_\_\_\_\_

**Completed Tax Return Delivery (please circle):** Pick Up      Online Portal

**Preferred Contact Method (please circle):** E-mail      Phone

**Whom may we thank for referring you?** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_