

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

BUSINESS INTAKE FORM NEW CLIENTS

Company tax ID# _____ Date incorporated _____ S Corp election date _____

Initial return Final return S Corp C Corp

Company name _____

DBA _____

Address _____

City _____ State _____ ZIP _____

Officer name _____ Title _____

Daytime phone # _____ Evening phone # _____

Email address _____

Kind of business _____ Bank account balance as of 12/31 _____

Bank information Checking Savings

Bank name _____

Routing # _____ Account # _____

Partner information

Name	Address	SS#	%