CLH EST. 1992 CPAs & CONSULTANTS

NEW CLIENT INTAKE
◆ BUSINESS ◆

Return file to: _____

Need setup by: _____

CONTACT INFORMATION

Owner 1 _____ **Owner 2** _____

Preferred Name _____ **Preferred Name** _____

Contact Info *(Business)* _____ **Contact Info** *(Business)* _____

(Fax) _____ *(Fax)* _____

(Mobile) _____ *(Mobile)* _____

Email _____ **Email** _____

May we send our e-bulletin with CLH updates? **Y** ☐ **N** ☐ *May we send our e-bulletin with CLH updates?* **Y** ☐ **N** ☐

ENTITY & TAX RETURN INFORMATION | DELIVERY PREFERENCES

Legal Business Name _____

Primary Address **Mailing Address** *check for same as primary* ☐

Street _____ _____

City, State, Zip _____ _____

EIN _____ **Entity Type** _____ **Form #** _____ **Year End** *(MM/DD)* _____

State(s) of Operation _____ **Initial Year(s) for CLH to Prep** _____ _____ _____

Portal **Y** ☐ **Form Signing** **E-sign** ☐ **Paper** ☐ **Delivery** **Pickup** ☐ **Mail** ☐ **Deliver** ☐ **Portal** ☐ **Invoice** **Paper** ☐ **Email** ☐

SHAREHOLDER / MEMBER INFO

Legal Name	SSN	Address	Email Address	Phone

RELATED ENTITIES TO CLIENT

Legal Name	Entity Type	Year End (MM / DD) or DOB	Relationship *(partner / shareholder / owner / relative)*	CLH prep tax return?

ADDITIONAL CONTACTS & INFO

	Name	*Title*	*Phone*	*Email*
Key Employee				
Key Employee				

	Name	*Firm*	*Phone*	*Email*
Financial Adv'r				
Banker				
Attorney				
Bookkeeper				
Payroll Co.				

	Program	*Version*	*Username*	*Password*
Software				