



CLIENT PROFILE > BUSINESS

At Laciak>CPA, our relationship begins by ensuring that we have timely, complete and accurate information pertaining to your business. Please take a few minutes to complete this confidential profile and mail to our address below, or fax it to us at (219) 864-7007. If you have any questions, please call us at (219) 864-7000.

BUSINESS TAXPAYER INFORMATION			
Entity Name:		DBA:	
Entity Type			
<input type="checkbox"/> Sole Proprietorship	Date Started:		
<input type="checkbox"/> Partnership	Date Started:	# Partners:	Fiscal Year End:
<input type="checkbox"/> S Corporation	Date Incorporated:	# Shareholders:	Fiscal Year End:
<input type="checkbox"/> C Corporation	Date Incorporated:	# Shareholders:	Fiscal Year End:
<input type="checkbox"/> Non-Profit	Date Started:		Fiscal Year End:
Employer Identification Number (EIN):			
Company Profile			
Describe your company, products and services:			
Annual Revenues:		Number of Employees:	
What services will Laciak>cpa be providing to you:			
Business Location			
Street Address:			
City:	State:	Zip:	Phone:
Is mailing address the same as business location? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mailing Address:			
City:	State:	Zip:	
Billing preference: By Mail <input type="checkbox"/> By Email <input type="checkbox"/>			
Do you have a company website? Yes <input type="checkbox"/> No <input type="checkbox"/>		Website Address:	
Owner Information			
Owner Full Name:		Title:	% Ownership:
Work Phone:	Fax:	Mobile:	Other:
Work Email:		Preferred contact method:	
Home Address:			
Home Phone:	Home Email:		SS#:

Client Profile > business

Owner Information			
Owner Full Name:		Title:	% Ownership:
Work Phone:	Fax:	Mobile:	Other:
Work Email:		Preferred contact method:	
Home Address:			
Home Phone:	Home Email:		SS#:
Key Personnel / Management			
Name:		Title:	
Phone:	Email:		Fax:
Accounting Information			
Bookkeeper Name:		Phone:	
Email:			
Do you use QuickBooks? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, which accounting software do you use?	
QuickBooks Version:	QB Username:	QB Password:	
Do you use a payroll service? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, payroll service provider:	
Accounting Issues:			
Previous CPA			
Firm:		Accountant:	
Address:			
City:	State:	Zip:	Phone:
Reason for changing accounting firms:			
Legal Counsel			
Name of Firm:		Attorney:	
Address:			
City:	State:	Zip:	Phone:
Banker			
Name of Bank:		Bank Officer:	
Address:			
City:	State:	Zip:	Phone:
Other Information			
How did you learn about Laciak>CPA?		Who referred you?	
Other entities owned:			
Profile Completed By:		Date:	