Co._____

BUSINESS CLIENT DATA FORM

BUSINESS NAME: _____ FEIN._____

OWNER'S NAME: _____

BUSINESS ADDRESS: _____

_____

_____

PLEASE CHECK (√) BUSINESS TYPE:

Corporation ____ S Corp. ____ Sole Proprietor ____ Partnership ____ LLC ____ Non Profit ____

FISCAL YEAR END_____

WORK PHONE NO. (___)_____ FAX NO. (___)_____

CELL NO. 1 (___)_____ (NAME) _____

CELL NO. 2 (___)_____ (NAME) _____

E-MAIL ADDRESSES _____

STOCKHOLDERS: Name_____ % of Ownership _____

Name_____ % of Ownership _____

OFFICERS: President _____

Vice President _____

Treasurer _____

Secretary _____

BANK _____ CONTACT PERSON_____

ATTORNEY _____ PHONE NUMBER _____

INVESTMENT ADVISOR _____ PHONE NUMBER _____

INSURANCE AGENT_____

REFERRED BY_____

CURRENT FILING REQUIREMENTS:

		For Office Use Only: Initial/Date			
		Form	QkBk	C.List	GM-Olk
FEDERAL	_____	___/2012	_____	_____	_____
STATE	_____	___/2013	_____	_____	_____
LOCAL	_____	___/2014	_____	_____	_____

NOTES _____

1/6/12