

SCN Accounting and Tax Services – Business Intake Sheet

Business Name: _____ **EIN#** _____

Date of Formation: _____ **What state is the business registered:** _____

Tax Status (Circle one): Single Member/ Partnership/ S Corp/ C Corp **Website:** _____

Business Address: _____ **Apt#:** _____ **City:** _____

State: _____ **Zip:** _____ **County** _____ **Office #:** _____

Contact Person

First Name: _____ **Last Name:** _____

Title: _____ **Contact #:** _____

Email: _____

Members:

#1. Name: _____ **Title** _____ **% of Ownership** _____

SS#: _____ **Address:** _____

Email Address: _____

#2. Name: _____ **Title** _____ **% of Ownership** _____

SS#: _____ **Address:** _____

Email Address: _____

#3. Name: _____ **Title** _____ **% of Ownership** _____

SS#: _____ **Address:** _____

Email Address: _____

#4. Name: _____ **Title** _____ **% of Ownership** _____

SS#: _____ **Address:** _____

Email Address: _____

#5. Name: _____ **Title** _____ **% of Ownership** _____

SS#: _____ **Address:** _____

Email Address: _____

Describe your business activities:

