

Client Information Sheet

Organizations

Client Number: _____

Entity Type: (Circle One) Sole Proprietor Partnership Corporation S Corporation Non-Profit Church

GENERAL INFORMATION

Organization Name _____
 Street Address _____
 Mailing Address _____
 City _____
 State _____ Zip Code _____
 Phone Number _____
 Fax Number _____
 Contact Person _____
 Daytime Phone _____
 Evening Phone _____
 E-Mail _____
 Mobile Phone _____
 Alt. Contact Person _____
 Daytime Phone _____
 Evening Phone _____
 E-Mail _____
 Mobile Phone _____

BUSINESS SPECIFICS

Federal ID # _____
 Fiscal Year End _____
 Date of Incorporation _____
 Where Incorporated _____
 Date Business Began _____
 Nature of Business _____
 Product or Service (circle one) _____
 Accounting Method _____
 Number of Shareholders _____
 Location of records _____
 Number of Employees _____

NOTES: _____

PARTNERS

| Name | Address | City | State | Zip Code | Soc. Sec. # | Title | %/# Shares |
|------|---------|------|-------|----------|-------------|-------|------------|
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Previous Accountant _____ Bank _____ Attorney _____

How did you hear about Patterson Accounting?

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Person's Name _____ | <input type="checkbox"/> Cable Channel 12 _____ | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CNN / MSNBC | <input type="checkbox"/> TV | <input type="checkbox"/> Seminar | <input type="checkbox"/> Prairie Shopper |