

NICHOLSON, MICHAUD & NADEAU

BUSINESS INFORMATION SHEET

DATE: _____

BUSINESS NAME: _____ TAX ID #: _____

ORGANIZATION TYPE:

CORPORATION _____

SUB S CORPORATION _____

PARTNERSHIP _____

SOLE PROPRIETORSHIP _____

YEAR END: _____

BUSINESS ADDRESS:

MAILING ADDRESS:

TELEPHONE:

OFFICE: _____

FAX: _____

HOME: _____

E-MAIL: _____

CELL: _____

WEB SITE: _____

TYPE OF BUSINESS: _____

BANK: _____

PRIMARY OFFICER:
(NAME, TITLE, SS#) _____

BOOKKEEPER: _____

BANKER: _____

ATTORNEY: _____

HOW DID YOU HEAR ABOUT US? _____

OFFICE USE ONLY:

CLIENT NO: _____

ASSIGN TO: _____

PROJECT: _____

DUE DATE: _____

