

## **Corporate Data Sheet**

EIN#

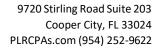
# Business Information Business Name

Do we need to do your Payroll w2's and or 1099's?

Business Address								
City, State			Zip Code					
Business Phone			Fax #					
Email			Web Site					
Mailing Address								
Please describe Your Bu  How do you keep track						_		
QuickBooks Online	QuickBooks Desk	top	Excel Sheets	Other				
(Please Check Yes or No	below. If you require	e Bookk	eeping, Payroll & Sale	s Tax Service, also fill o	out pag	e 3)		
	•	Y or N			Υo	ır N		
Are you selling Services to y	our client/customers?		Are you selling Produc	cts to your client/custome	ers?			
Do you require our firm to o		Y N	Do we need to file sa	es tax for your company?	Υ	Ν		
20 , ou require our firm to t		Y N	20 We field to file 3d	es tax for your company:	Υ	N		

PLRCPAS.COM Office Use Only, Corp Type								
11205	LLC/S Corp	LLC/Single	1120	1065	1041	990	2553	Rep

Do you file your Business Use Tax/Tangible Tax?





#### **Company Owner/Partner Information**

#### (Please fill out all information about Owners/Partners)

1. Owners Full Name	
Title/Position	Address
% of Ownership	City, State, Zip
Social Security #	Cell Phone #
Date of Birth	Email
2. Owners Full Name	
Title/Position	Address
% of Ownership	City, State, Zip
Social Security #	Cell Phone #
Date of Birth	Email
3. Owners Full Name	
Title/Position	Address
% of Ownership	City, State, Zip
Social Security #	Cell Phone #
Date of Birth	Email
4. Owners Full Name	
Title/Position	Address
% of Ownership	City, State, Zip
Social Security #	Cell Phone #
Date of Birth	Email
5. Owners Full Name	
Title/Position	Address
% of Ownership	City, State, Zip
Social Security #	Cell Phone #
Date of Birth	Email



### **Bookkeeping Client Onboard Form**

9720 Stirling Road Suite 203 Cooper City, FL 33024 PLRCPAs.com (954) 252-9622

Business Name	Start date for the write-up:				
Please list your primary contacts below	r:				
Name:	Email Address:		Phone:		
QuickBooks Information					
<ul> <li>If online, we need an accounta</li> </ul>	nt's invitation, please	send to bookkee	eping@plrcpas.d	com	
<ul> <li>If desktop, send a Full backup of</li> </ul>	•				
Bank Name: A	Account Number: Log		n username	Password	
		User:	P/	w:	
		User:	P/	w:	
		User:	P/	w:	
Credit Card Company A	account Number:	Logi	n username	Password	
		User:	P/	w:	
		User:	P/	w:	
		User:	P/	w:	
Loans/Line of Credit:		Logi	n username	Password	
		User:	P/	w:	
		User:	P/	w:	
Additional comments/details:					
Do you require us to Do your QuickBoo	ks Monthly	Quarterly	Annually		
Bookkeeping will be billed (Office use Only	•	Quarterly	·	\$	
Bookkeeping will be billed (office use offi	y) Wionthly	Quarterly	Ailliually	Ÿ	
Payroll Information					
Current Payroll company you will be us	ing		or		
For information on us doing your payro	oll please contact Johr	n.Quinones@PLF	RCPAs.com		
Additional comments/details:					
Sales Tax Information					
Current Sales tax ID#/credentials			and		
For information on us doing your sales					
Additional comments/details:					