

NACCA & CAPIZZI, LLP

New Business Client File Set-Up

Date: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact _____

Fed. I.D.#: _____

Home Phone: _____

Fax: _____

Work Phone: _____

Pager/Cellular: _____

E-Mail Address: _____

Fiscal Year-End: _____

Entity Type (Corp, S Corp, Ptrshp, dba, Sch C, LLC): _____

Line of Business _____

Partner _____

CUSTOM FIELDS

Referred By: _____

Attorney: _____

Bank _____

Sales Tax File needed:

YES/NO

Frequency of Work: _____

Payroll File needed:

YES/NO

Required Forms for File (circle applicable):

Date Requested

Copy in File

SS-4

S-Election Forms (signed and dated)

Articles of Incorporation/Corp. Filing Receipt

Unemployment Insurance Application

Sales Tax Vendor Application & Copy of Certificate

DTF -95 or DTF-96 (change of address)

S-Election Approvals (federal and state)

Name, Addresses, SSN, Phone # of all officers

Misc. Notes: _____