



**A.H. GANTT CPA
& ASSOCIATES, PA**

Client Information Sheet – Business

Date: ___/___/___

Company Name: _____

Sole S. Corp Corp Partnership

Address: _____

Type of Business: _____

EIN #: _____

FL DOC #: _____

Phone #: _____

Fax: _____

E-Mail: _____

Owner(s): _____

Address(es) of Owner(s)

% Owned:

Type of Service Needed:

1. Compilation: Monthly Quarterly

2. Payroll Services: Monthly Quarterly

3. Corporate Taxes

4. Personal Taxes

5. Auditing

6. Consulting: List type

7. Other: _____

Signature: _____