

Corporate Client - 1120/1120S/1065

Current Client : Yes or No

Whom may we thank for referring you? _____

Name of Business:

Doing Business As:

Federal Id #:

Physical Address:

City/State/Zip:

Mailing Address:

Telephone:

CLIENT INFORMATION

Type of Entity: please circle

CORPORATION:

S-CORP

C-CORP

PARTNERSHIP

Date of Incorporation (if new):

Business Activity:

Product or Service:

Do you want Davis & Associates, CPA to complete your Personal Property Tax Return?

YES

NO

CONTACT INFORMATION

Person with whom tax matters may be discussed:

Name:

Title:

Alternate Contact Name:

Name:

Title:

E-mail address:

Phone Number:

Alternate Number:

Additional information:

REQUIRED: Taxpayer and Spouse signatures are required on all e-file Signature Authorization forms prior to Davis & Associates, CPA submitting all Personal and Corporate Returns.