

Corporate Client - 1120/1120S/1065

Whom may we thank for referring you? _____

Name of Business: _____

Doing Business As: _____

Federal ID #: _____

Mailing Address: _____

City/State/Zip: _____

CLIENT INFORMATION

Type of Entity: Corporation: S-Corp C-Corp Partnership

Date of Incorporation (if new): _____

Business Activity: _____

Product or Service: _____

SHAREHOLDER INFORMATION

Shareholder Name: _____

Shareholder SSN: _____

Shareholder Percentage: _____

Phone Number: _____

Email Address: _____

Shareholder Name: _____

Shareholder SSN: _____

Shareholder Percentage: _____

Phone Number: _____

Email Address: _____

ADDITIONAL INFORMATION

REQUIRED: Shareholder signature is required on all e-File Signature Authorization forms prior to Davis and Associates, CPA submitting all Corporate Returns.