Himmelwright Huguley Boles

FOR OFFICE USE ONLY

HHB Client ID:
Estimated Billing:
Received By:
Referral Source:
Project Details:
NR Deposit Details:

NEW BUSINESS CLIENT INFORMATION NEEDED

Business Name:		DBA:	
FEIN #:		Type of Entity:	
Mailing Address:		Legal Address:	
Business Phone #:		Contact Phone #:	
Email:		Industry/NAICS Code	Referred to HHB?

CONTACT & DELIVERY METHOD PREFERENCES

Delivery Method:	☐ Paper – Opelika ☐ Paper – Auburn ☐ Electronic – SafeSend ☐ Other
Preferred Contact	☐ Text ☐ Email ☐ Phone Call ☐ Other

REQUIRED ATTACHMENTS (IF APPLICABLE)

IRS FEIN Letter	☐ Yes ☐ No	Operating Agreement	☐ Yes ☐ No
Articles of Incorporation	☐ Yes ☐ No	S Election Letter	☐ Yes ☐ No
Prior Yer Annual Report	☐ Yes ☐ No	Prior Year Tax Return	☐ Yes ☐ No

HHB SERVICES

File Annual Tax Returns?	☐ Yes ☐ No		
File Sales Tax Returns?	☐ Yes ☐ No	Filing Frequency?	
Initial PPT filed (New)?	☐ Yes ☐ No		
File in multiple states?	☐ Yes ☐ No	List States?	
Bookkeeping?	☐ Yes ☐ No	Bookkeeping Records	
# of Bank Accounts			
# of Credit Cards			
Process Payroll?	☐ Yes ☐ No	Current Payroll?	
# of Employees			

ADDITIONAL BUSINESS INFORMATION

Accounting Method for Tax(Cash or Accrual):	
Business Activity Description:	
Fiscal Year End:	
Number of Employees	

OWNERSHIP INFORMATION

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Name & Ownership %	
SS #	
Home Address	
Phone Number	
Email Address	

Signature and Authorization

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature: ______________________________ Date: ______________________