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New Startup Questionnaire:							
some cases, clients have already received a EIN Number and were using as a sole							
corporation. Other believe they have one structure to find out they have another. Please							
provide us all information yo	ou have so we can confirm exa	actly what you have. If None write					
None here							
Then fill this as a new compa	any startup.						
Corporation information:	Ein	Formed? (Date)					
State:							
Company Structure:							
Address: Location:							
Company address if	Company address if different:						
Owner (s) Information	on: with percentages owned.						

Fiscal Year or Annual?

Partner One: Name: Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ Partner Two: Name: Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Partners Section
Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ Partner Two: Name: Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Partner One:
Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ Partner Two: Name: Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Name:
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Partner Two: Name: Address: Social Security Number: Date of Birth: Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Contact Number:
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Date of Birth: Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Address:
Contact Number: Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Social Security Number:
Percentage owned: Startup Capital \$ If additional partners, please provide on a different piece of paper.	Date of Birth:
Startup Capital \$ If additional partners, please provide on a different piece of paper.	Contact Number:
If additional partners, please provide on a different piece of paper.	Percentage owned:
	Startup Capital \$
Services offered:	If additional partners, please provide on a different piece of paper.
Services offered:	
Services offered:	
	Services offered:

Sales Tax:

Do you	ı requir	e payroll?				
Paper	checks (or direct deposit?				
Accour	nt numb	pers: My Office to fill out.				
	Fed: EIN Feds					
	State:	PA Others				
	Current payroll agent, we will be replacing them on etides.					
	Contact, number and any other info:					
	Sales and use Tax:					
	Employer Withholding:					
	Corporate Tax:					
	Other Tax Types:					
	Unemployment Compensation:					
Service	es requi	red:				
	Payroll					
	Bookke	eeping – all bills will be signed by the appropriate party before pickup. Credits will				
		be applied to the proper invoice.				
	Printin	g of checks after approved				
	Month	ly reconciliation of check books and credit cards.				
	Storag	e of paid bills to month/ quarterly / annually end will be returned in a sealed box				
		/Envelope.				

24-hour	Access to ou	r server to print	t checks if neede	ed and or run rep	oorts check on you
c	company.				
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Accounting services as they arise.

Tax preparation

Tax relief

Open or pending urgent matters.