



General Business Info:	Business Name _____	Today's Date _____
	Address _____ [Street] [PO Box]	City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
	[City] [State] [ZIP]	County _____
	Phone # _____ Fax # _____	Email _____
	Responsible Party _____	Start Date _____ Payroll Start Date _____

Referred By:	_____
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Nature of Business / Special Issues:	<i>*Please provide a copy of all Operating Agreements, Partnership Agreements and/or Organization Documents.</i>
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Business Status:	<input type="checkbox"/> Corporation → <input type="checkbox"/> C -or- <input type="checkbox"/> S Fiscal Year End Date _____ Date of S Election _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC → Filing as: <input type="checkbox"/> Sch C (single member) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Exempt Organization (Non-Profit) Organization Info: State of Charter _____ / Charter Date _____
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ID #'s :	FEIN _____ Charter # _____ Franchise ID _____ <input type="checkbox"/> Sales Tax # _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> OH CAT # _____ <input type="checkbox"/> Annually
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Method of Accounting:	<input type="checkbox"/> QuickBooks (Version _____ Password _____) <input type="checkbox"/> Other _____
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OFFICERS	1	2	3	
	Full Name:	_____	_____	_____
	Street:	_____	_____	_____
	City, St Zip:	_____	_____	_____
	SSN:	_____	_____	_____
	Ownership:	_____	_____	_____
	Phone:	_____	_____	_____