



Accountant: _____

Cruise & Associates, Inc.

Client ID: _____

Business Client Information

Business Name _____ Primary Owner _____

DBA _____

State UC # _____

Federal Id # _____

State Id # _____

Fiscal Year End _____

Describe Business _____

Address _____

Business Phone _____

City _____

Home Phone _____

State _____

Zip Code _____

Cell Phone _____

Email Address _____

Fax _____

Business Type _____ Sole P _____ Partnership _____ S-Corp _____ C-Corp _____ LLC (Type _____)

Are you within city limits? _____ Yes _____ No

Which City? _____

Please enter the number of owners _____ # of Employees _____ Payroll Frequency _____

Owner's Name	Address	Social Security #	Date of Birth	Ownership %

Would you like your return copies to be _____ Paper _____ Flash Drive _____ E-Mail _____ Client Portal

Initial here to opt out of text appointment reminders. _____

How did you hear about Cruise & Associates?

Outside/Street Sign
 Former/Returning Client
 Radio
 Chamber/Networking
 Referral (By Whom: _____)
 Email Newsletter

Social Media Facebook LinkedIn
 Online Ad/Marketing/Google
 Website
 Workshop/Seminar
 Other _____

I/we acknowledge that all the above information is true and correct. The dependents claimed above meet the support and residency tests under the tax code and are not and cannot be claimed by any other person(s).

Signature

Signature

Date _____

Date _____