

Norvell & Scott, P.C.

Certified Public Accountants
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BUSINESS CLIENT SETUP FORM

CLIENT INFORMATION

MAIN BUSINESS INFORMATION:		
Client ID _____	Federal ID # _____	Entity Type _____
Business Name _____		
Assigned To: Partner _____	Manager _____	Staff _____
Referred By _____		

PRIMARY CONTACT INFORMATION

BUSINESS CONTACT INFORMATION:		
Company Name _____		
Business Phone # _____	Fax # _____	
Address _____		
City _____	State _____	Zip _____

ENGAGEMENTS

<input type="checkbox"/> Bookkeeping - \$ _____	<input type="checkbox"/> Payroll - \$ _____
<input type="checkbox"/> Write-Up - \$ _____	<input type="checkbox"/> Payroll Tax Return - \$ _____
<input type="checkbox"/> Annual Business Return - \$ _____	<input type="checkbox"/> Property Tax Return - \$ _____

PROJECTS

<input type="checkbox"/> Financial Statement - Starting Month _____	<input type="checkbox"/> Payroll Tax Returns - Starting Quarter _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Tax Return - Starting Year _____
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Property Tax Return - Starting Year _____
<input type="checkbox"/> Payroll Preparation - Starting Pay Date _____	<input type="checkbox"/> Tax Projection - Starting Year _____

CLIENT COMMUNICATION

<input type="checkbox"/> Engagement Letter has been signed
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ADDITIONAL CONTACT

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	First _____	M.I. _____	Last Name _____
Job Title: _____		SSN: _____	D.O.B. _____	

Address _____				
City _____		State _____	Zip _____	
Home # _____		Mobile# _____	Business # _____	
Email _____				

ADDITIONAL CONTACT

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	First _____	M.I. _____	Last Name _____
Job Title: _____		SSN: _____	D.O.B. _____	

Address _____				
City _____		State _____	Zip _____	
Home # _____		Mobile# _____	Business # _____	
Email _____				