

**Jamie R Dent CPA LLC**  
**P.O. Box 655**  
**Ocean Springs, MS 39566-0655**  
**Business Client Questionnaire**

Form Completed By: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

EIN \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing Address: (If different than physical address)

Attn: \_\_\_\_\_

Contact Name # 1: \_\_\_\_\_

Contact Name # 2: \_\_\_\_\_

Contact Phone # 1: \_\_\_\_\_

Contact Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Business Activity: \_\_\_\_\_

Product or Service: \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

Entity Type: (Circle One) C Corp S Corp Ptr LLC Don't Know

Nature of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Tax Software: \_\_\_\_\_

County: \_\_\_\_\_

Software User Name: \_\_\_\_\_

School District: \_\_\_\_\_

Software Password: \_\_\_\_\_

Number of owners/members: \_\_\_\_\_

Tax Basis of Accounting: \_\_\_\_\_

Financial Statement Basis of Accounting: \_\_\_\_\_

Retirement Plan (Circle One):      Yes      No

Retirement Plan Type: \_\_\_\_\_

Payroll (Circle One):                  Yes      No

Payroll Company: \_\_\_\_\_

**What type of help do you need** (circle all that apply)? Tax / Accounting / Financial Planning / Business Development / Other

**Do you have ownership or are a beneficiary in any of the following** (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

**How did you hear about Jamie R Dent CPA, LLC?** \_\_\_\_\_

**Are you receiving our monthly newsletter?** Circle one      (Add me)      (Yes)      (No)

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**Notes:**

As a small business, we thrive on word of mouth. Please like us on facebook, leave us a review on google, or even refer a friend to us for a discount.