

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

BUSINESS INTAKE FORM RETURNING CLIENTS

Company tax ID# _____

Initial return Final return

S Corp C Corp

Company name _____

DBA _____

Address _____

City _____

State _____

ZIP _____

Officer name _____

Title _____

Daytime phone # _____

Evening phone # _____

Email address _____

Bank information Checking Savings

Bank name _____

Routing # _____

Account # _____

Bank account balance as of 12/31 _____