INCITTI & LEONE
TAX & ACCOUNTING

CORPORATE INFO SHEET

NEW CLIENT ☐ **NEW CLIENT CODE:** _____

COMPANY TAX ID # _____ DATE INCORPORATED: _____

____INITIAL RETURN ____FINAL RETURN ☐ S-CORP ☐ C-CORP ☐ PARTNERSHIP

COMPANY NAME _____

D/B/A : _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICER NAME _____ TITLE _____

DAYTIME # _____ EVENING # _____

EMAIL ADDRESS: _____

KIND OF BUSINESS: _____

BANK INFO: BANK NAME: _____

ROUTING # _____ ACCT: _____

CHECKING OR SAVINGS

PARTNER INFORMATION:

NAME		SS#	ADDRESS