

Vital Information Sheet – Sole Practitioner Participant

Legal Name of Business: _____

Physical Address: _____

Mailing Address: _____

Business Phone Number(s): _____

Fax: _____

Website address: _____

Owner(s): _____

Practice Overview

Tax Preparation: 1040 1041 1065 1120/1120S 990 _____

Audits: Types of Audits _____

Reviews Payroll Bookkeeping Compilations Other _____

Approx # of Clients: _____ % of Business: Tax _____ Attest Services _____ Other _____

Contact information

Primary - Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

Does this person have access to passwords and keys? _____

Secondary - Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

Does this person have access to passwords and keys? _____

Previous Partners/Associates/Others who we might contact for assistance

Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

IT Person to Contact - Name: _____

Phone number: _____

Essential Staff/Per Diem

Name: _____

Position: _____ Phone Number: _____

Name: _____

Position: _____ Phone Number: _____

Name: _____

Position: _____ Phone Number: _____

Name: _____

Position: _____ Phone Number: _____

Additional Information

Software

Tax Software: _____

Accounting Software: _____

Time & Billing: _____

Additional Critical Software: _____

Critical Practice Information:

Do you have Liability Insurance? _____ Carrier: _____

Carrier Phone Number: _____

Do you use Engagement Letters? _____ Do you use a 3rd party agreement clause in your Engagement Letters? _____ Paperless Office? _____

Client List documented? _____ Location: _____

Due Date List? _____ Location/form: _____

Do you have a Crisis Binder? _____ Location: _____

Do you have an Estate Plan or Will? _____ Location: _____

Bank Name: _____ Branch Used: _____

Authorized Signers: _____

In Case of Short Term Disability (under 30 days), what would be your priorities/goals?

In Case of Long Term Disability (more than 30 days), what would be your priorities/goals?

My greatest concern regarding my clients is:

To be contacted immediately Contact only as needed Retain Other _____

Additional comments or suggestions:

Signature

Date

\$50 Annual Fee (January-December)

Check # _____ Date _____

CC# _____ Exp Date _____ Verification Code _____

Name on Card _____