

L.A. MILLER

CPA • PSC

Business Classification: Corp.1120 Partnership 1065

Business Start Date: _____ Today's Date: _____

Federal ID#: _____ City License: Y N County License Y N

Registered Business Name: _____

d/b/a (if applicable): _____

Email Address: _____

Phone Number: (____) _____ Fax # (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from above): _____ Zip: _____

Contact Information

Name _____ Title _____

Email: _____ Phone: _____

Name _____ Title _____

Email: _____ Phone: _____

Who prepared your taxes in the past? _____ Did you provide us with it? Y N

How did you hear about us? _____

What financial services are you interested in presently or in the future?

- | | |
|------------------------|----------------------------------|
| Yearly Return | Sales Tax Calculations & Reports |
| Bookkeeping | Cost or Project Accounting |
| Bank Reconciliations | Financial Statements |
| Payroll Services | All Services |
| 1099s – Estimate _____ | W2s – Estimate _____ |

Type of client:

Construction	Entertainment/ Professional Athletes	Estate/ Trust
Factoring Company	Financial Institution	Government
Health Care Organizations	Health Care Professionals	Individuals
Insurance Agency	Insurance Company	Manufacturing
Non Profit	Real Estate Developers	Retail
Unions	Restaurant	Vet
Real Estate	Other: _____	

CIRCLE ALL RETURNS THAT APPLY:
CITY COUNTY SECRETARY OF STATE
PROPERTY TAX RETURN

ADMINISTRATIVE USES ONLY:
Practice CS__ ULTRA TAX__ Routing Sheet__