

# CORPORATION QUESTIONNAIRE

DATE : \_\_\_\_\_ REFERRED BY : \_\_\_\_\_

CORPORATION NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

FEDERAL I. D. # \_\_\_\_\_

STATE CORP. I. D. # \_\_\_\_\_

SS4 received on: \_\_\_\_\_ NJ Incorporation document received on \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

FISCAL YEAR ENDING: \_\_\_\_\_ BUSINESS ACTIVITY: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ CHECKING \_\_\_\_ SAVINGS \_\_\_\_

ROUTING \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**PLEASE CONTINUE ON NEXT PAGE**

NAME OF STOCKHOLDERS OR OFFICERS	% OF OWNERSHIP	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRIMARY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**PAYROLL ADMINISTRATOR:** \_\_\_\_\_  
**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**RETIREMENT PLAN ADMINISTRATOR:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**BOOKKEEPER**  
**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**REGISTERED AGENT:** \_\_\_\_\_ **PHONE # :** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

<b>Office Use Only</b>		<b>Client #</b>	SS4____ Incorporation
<b>Annual Report</b>	Client	Bookkeeper	Our office

<b>Sales Tax</b>	Client	Bookkeeper	Our office
<b>Form 1099</b>	Client	Bookkeeper	Our office