

BUSINESS OR OTHER ENTITY INFORMATION

TAX YEAR _____

NAME	_____				
EIN #	_____				
ADDRESS	_____				
PHONE	_____				
EMAIL	_____				
ENTITY TYPE (CIRCLE ONE)	CORP S CORP	LLC PARTNERSHIP	SOLE PROPRIETOR	TRUST	ESTATE
INDIVIDUAL NAME	_____				
SS #	_____				
ADDRESS	_____				
TYPE (CIRCLE ONE)	OFFICER	PARTNER	MEMBER	OWNER	TRUSTEE BENEFICIARY

ADDITIONAL NAMES ON SECOND PAGE

NEW CLIENTS:

PLEASE PROVIDE A COPY OF THE PRIOR TAX RETURN COMPLETED.
 PLEASE PROVIDE A COPY OF DRIVER'S LICENSE FOR PERSON SIGNING THE RETURN.

BUSINESS CLIENTS:

DATE BUSINESS BEGAN _____

SERVICE BUSINESS OR RETAIL BUSINESS ACTIVITY DESCRPTION _____

PRODUCT OR SERVICE PROVIDED _____

HOW DID YOU KEEP TRACK OF INCOME/EXPENSES? _____

WHERE DO YOU CONDUCT BUSINESS? _____

DO YOU CONDUCT BUSINESS OUTSIDE OF ARIZONA? _____

DO YOU HAVE A SEPARATE BUSINESS ACCOUNT?	YES	NO
CAN YOU PROVIDE PROFIT & LOSS AND BALANCE SHEET?	YES	NO
ARE YOU SUBJECT TO SALES TAX REPORTING?	YES	NO
DO YOU HAVE A BUSINESS LICENSE?	YES	NO
WOULD YOU LIKE A DIGITAL COPY OF YOUR TAX RETURN?	YES	NO

ALL CLIENTS:

AT ANY TIME DID YOU RECEIVE, SELL, SEND OR EXCHANGE OR ACQUIRE A FINANCIAL INTEREST IN VIRTUAL CURRENCY?	YES	NO
INITIALS		
AT ANY TIME DID YOU HAVE ANY INTEREST OR AUTHORITY OVER A FOREIGN ACCOUNT OR FOREIGN TRUST?	YES	NO
INITIALS		

Lisa Hill Tax Accounting

INDIVIDUAL NAME	_____
SS #	_____
ADDRESS	_____
TYPE (CIRCLE ONE)	OFFICER PARTNER MEMBER OWNER TRUSTEE BENEFICIARY
INDIVIDUAL NAME	_____
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ADDRESS	_____
TYPE (CIRCLE ONE)	OFFICER PARTNER MEMBER OWNER TRUSTEE BENEFICIARY

SIGNATURE OF RESPONSIBLE INDIVIDUAL _____ DATE _____

HOW DID YOU HEAR ABOUT US? _____