

**MOSS & RIGGS, PLLC**  
**Corporate Client Information Form**

Client ID Number \_\_\_\_\_ (Office Use Only) Today's Date \_\_\_\_\_  
Date \_\_\_\_\_ (Office Use Only)

Name of Company \_\_\_\_\_ EIN# \_\_\_\_\_

Date of Formation: \_\_\_\_\_ Date of S Election, if applicable \_\_\_\_\_

Corporate Form:

\_\_\_ S Corporation \_\_\_ C Corporation \_\_\_ LLC \_\_\_ Partnership \_\_\_ Other (specify) \_\_\_\_\_

If you want us to complete your Business License Application, please check here.\* \_\_\_\_\_

Main Company Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Mailing Address, If Different \_\_\_\_\_

City, State and Zip \_\_\_\_\_

County In Which Business is Located \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we bill you via e-mail? Yes \_\_\_ No \_\_\_

Who referred you to our company? \_\_\_\_\_

Telephone Numbers (Including Area Code):

**Check Preferred  
Contact No. Below**

Office Telephone \_\_\_\_\_

\_\_\_\_\_

Main Company Contact Cell Phone \_\_\_\_\_

\_\_\_\_\_

Owner Cell Phone, if different \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

\_\_\_\_\_

Please list all shareholders, partners or members of the company: (Use reverse of this sheet, if needed.):

<u>Name</u>	<u>Phone</u>	<u>Type of Member**</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Form must be in our hands no later than February 15 of the current year.

\*\*General partner, limited partner, managing partner or shareholder.