

PARTNERSHIP/LLC QUESTIONNAIRE

DATE : _____

PARTNERSHIP NAME : _____

BUSINESS ACTIVITY: _____

FEDERAL I.D. # : _____

STATE I.D. # : _____

STREET ADDRESS: _____

CITY: _____ STATE : _____ ZIP : _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) : _____

BUSINESS PHONE # : (____) _____ - _____ BUSINESS FAX # : (____) _____ - _____ CELL PHONE # : (____) _____ - _____

E-MAIL ADDRESS: _____

DATE OF FORMATION OF PARTNERSHIP: _____

NAME & ADDRESS OF PARTNER	% OF OWNERSHIP	% OF PROFIT	% OF LOSS	DATE OF INTREST IN PTR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office Use Only		Client #	
Annual Report	Client	Bookkeeper	Our office
SS4		NJ Incorp	
Form 1099	Client	Bookkeeper	Our office

BANK NAME : _____

ROUTING # : _____ ACCOUNT _____

PLEASE CHECK ONE: SAVINGS _____ CHECKING _____

PRIMARY CONTACT: _____

PHONE: _____ E-MAIL: _____

PREFERRED METHOD OF COMMUNICATION: _____

PAYROLL ADMINISTRATOR: _____

NAME: _____

PHONE : _____ E-MAIL: _____

RETIREMENT PLAN ADMINISTRATOR: _____

NAME: _____

PHONE: _____ E-MAIL: _____

REGISTERED AGENT: _____

PHONE # : _____ E-MAIL : _____