

Welcome to Charles Coker, CPA, LLC. We'd like to collect some preliminary information about your business. All information collected will be kept strictly confidential, and is only used to help us better serve your needs. Thank you for helping us to make your life less taxing. PLEASE PRINT.

Business Information

Company Name: _____ Tax Identification Number: _____

Contact Name and Title: _____

Business Address: _____

Office Phone Number: _____ Fax Number: _____ Contact Cell Phone Number: _____

Email Address: _____ Web Page Address: _____

Nature of Business: _____ NAIC Codes: _____

Referral Information

How did you hear about us?

Craigslist Post Card Skyline Elevator Flyer Google Other _____ Referred by: _____

Please list key owners, officers and/or directors

Name: _____ Title: _____ Percent Owned: _____

Name: _____ Title: _____ Percent Owned: _____

Name: _____ Title: _____ Percent Owned: _____

Predecessor Accountants

Name: _____ Address: _____ Contact: _____ Phone: _____

Reason for Change: _____

Name: _____ Address: _____ Contact: _____ Phone: _____

Reason for Change: _____

Please describe the Accounting Services that you need

Service: _____ Monthly Quarterly Annually Report Deadlines: _____

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Service: _____ Monthly Quarterly Annually Report Deadlines: _____

Any additional services that we can assist you with?

Business Consulting Services Accounting Software/Systems Audit or Review Payroll filings What-if analysis

Principal Owners Personal Income Taxes Accounting/Bookkeeping Services Financial Statements Other

Describe any significant engagement performance, accounting or tax problems with which we should be concerned:

Legal Counsel Name: _____ Address: _____ Contact: _____ Phone: _____

Credit Card Authorization

We can bill your credit card for the cost of our services. Complete this authorization and sign it.

Name of Cardholder: _____ Type of card (check one): Visa MasterCard American Express

Card#: _____ Expiration Date (MM/YY): _____

Signature / Authorization

It is your responsibility to provide all the information required for us to prepare your taxes, financial statements, bookkeeping or audit completely and accurately. You represent that the information you're supplying us is accurate and complete to the best of your knowledge. You have the final responsibility for the income tax returns and you should review them carefully before you sign and file them. You do not authorize the release of your business name or tax information to any third party, other than taxing authorities, without your permission. We will use our best judgment (and perform reasonable research) to resolve questions when the tax law is unclear. It is your responsibility to retain all original documents, canceled checks and other data. Our fees are based on an hourly rate. All invoices are payable upon presentation. If your returns are audited, we will be available to represent you. These services would be in addition to your tax preparation fee. If your return requires adjustments or corrections, we will assist you with the amended returns (at no cost to you if it is our responsibility). There will be no refunds for our services. Some services may be covered under a separate agreement. We appreciate the opportunity to work with you. Sincerely, Charles Coker, CPA, LLC

Your Signature _____ Date _____