

BUSINESS CLIENT CONTACT SHEET – 2019/2020

BUSINESS ENTITY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

NAME AND ADDRESS OF SHAREHOLDERS, PARTNERS OR MEMBERS:

TELEPHONE NUMBERS:

BUSINESS

HOME

CELL

FAX NUMBER

PLEASE INDICATE PREFERRED DAYTIME NUMBER*

EMAIL ADDRESS:

REQUIRED INFORMATION

QUICKBOOKS VERSION _____ PASSWORD _____

DID THE ENTITY MAKE ANY PAYMENTS IN 2019 TO AN INDIVIDUAL OR UNINCORPORATED BUSINESS THAT WOULD REQUIRE YOU TO FILE FORM(S) 1099? YES ___ NO ___

IF "YES" DID YOU OR WILL YOU FILE THE REQUIRED FORMS 1099? N/A ___ YES ___ NO ___

PLEASE PROVIDE COPIES OF FORMS 1099 IF APPLICABLE.