



TCPA PLC

CERTIFIED PUBLIC ACCOUNTANTS

General Data:

Taxpayer Name: _____

SSN: _____ D.O.B. _____

Spouse Name: _____

SSN: _____ D.O.B. _____

Address: _____

City, State & Zip Code: _____

Primary Cell: _____ Work: _____

Secondary Cell: _____ Work: _____

Primary Email: _____ Secondary: _____

Dependents: _____

SSN: _____ D.O.B. _____

Entity Information:

Legal Name: _____

DBA: _____

Address: _____

City, State and Zip Code: _____

Primary Business Activity/Type: _____

Entity: Sole Proprietor ___ Partnership ___ S-Corporation ___ C-Corporation ___

Date of Incorporation: _____ Tax ID: _____

Calendar / Fiscal Year _____ If Fiscal, what is year-end? _____

Gross Yearly Revenue: _____ Number of employees: _____



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Officer Information:

Officers Name	Title	%Ownership
1. _____		
2. _____		
3. _____		

Operations

Please provide a brief overview of your business goals:

Top 3 business issues/problems:

1. _____
2. _____
3. _____

Why TCPA PLC?

1. How did you hear about us?

2. What services are you interested in?

Business Tax Return (Corporate / Partnership / Non-Profit)

- ___ Tax Planning
- ___ Bookkeeping
- ___ Payroll / Payroll Taxes
- ___ Creation of a Trust
- ___ Individual Income Tax Return