



BUSINESS TAXPAYER INFORMATION SLIP
COMPLETE AND SUBMIT WITH TAX INFORMATION



Preparers Name: _____ **Date dropped off:** _____

Name of Business: _____ EIN: _____

Did we file your 2024 tax return? _____ No? please provide a copy of your 2024 return.

CLIENT CONTACT INFORMATION

Address: _____ City, State & Zip: _____

Phone #: _____ Email: _____

- Would you like a digital copy of your return emailed to you ONLY? (No paper copy)**
- Paper copy ONLY**

Business Type:

- S-Corp
- C-Corp
- Partnership
- 990
- Trust or Estate



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