

Client Information Sheet – Business (2025 Returns)

Officer Information/ Tax-Matters Partner/Shareholder

(Please complete a separate form for each partner/shareholder)

Officer First Name: _____

Officer Last Name: _____

Officer Title: _____

Percent Ownership: _____

Entity Type (Check one):

C-Corporation ___ S-Corporation ___ Partnership ___ Non-Profit ___

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____