

Williams & Associates Tax Services

4004 Oleander Drive, Suite 3A
Wilmington, NC 28403
(910)-392-1040 Fax: (910) 452-0489

Client Check List

Please bring them with you on our initial consultation

Federal ID No. _____

Business Entity: _____

C-Corp, S-Corp, Sole-Proprietor, Non-Profit, LLC (filing as Single member),
LLC (filing as S-Corp), Partnership

Owner's Name: _____

Partner's Name: _____

Phone: _____

Fax: _____

E-mail: _____

Websites: _____

Business Information:

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Bank Statements

Check Register (If there are no images on bank statements)

Deposit Records/slips – Identify Source of Funds

(i.e.; Customer Payment, Personal Money Loaned, Cash Advance)

Credit Card Statements

Credit Card Numbers

_____, _____, _____, _____
Name Type Personal/Business Last four digits of CC# only
(AMEX – last five digits)

_____, _____, _____, _____
Name Type Personal/Business Last four digits of CC# only
(AMEX – last five digits)

_____, _____, _____, _____
Name Type Personal/Business Last four digits of CC# only
(AMEX – last five digits)

_____, _____, _____, _____
Name Type Personal/Business Last four digits of CC# only
(AMEX – last five digits)

- Cash Receipts
- Business Receipts for Personal Money Spent
- Invoices – Does Client need Job Costing (Labor, Material, Supplies_____)?
- Sales Tax Liabilities & Tax Payments
(please include all amounts paid and owed)
- Employee Payroll History
- Payroll Tax Payments
- IRA / Investments
- W-9s for 1099 Subcontractors

Please List Source of Income

Does Client invoice Customers? _____

Loans/Assets

Loan Information

 Complete Loan # Name Purpose of Loan

 Complete Loan # Name Purpose of Loan

 Complete Loan # Name Purpose of Loan

 Complete Loan # Name Purpose of Loan

Closing Statements (If a monthly statement is not provided, many institutions provide on-line account information)

List of Assets

<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	
<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	
<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	
<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	
<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	
<input type="checkbox"/>	_____	_____	_____
Asset	Year purchased/Sold	Purchase/Sale Price	

Services You Are Interested In:

Customer Document Release:
Company Name:

Williams & Associates Tax Services
Documents Received:

Officer / Title

Signature: _____

Today's Date _____

Signature: _____

Today's Date _____