

**Edmundson CPA, PLLC  
New Business Client Form**

Entity name: \_\_\_\_\_

Fields with a **RED** border are required.

Entity mailing address:

Street/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office phone: \_\_\_\_\_

Entity street address, if different:

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Contact**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Title (President, Managing Member, etc.) \_\_\_\_\_

Cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

If owner, please complete number of shares or percentage owned

\_\_\_\_\_  
Shares, % owned  
(if owner)

**Owner(s)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Title (President, Managing Member, etc.) \_\_\_\_\_

Cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Shares, % owned

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Title (President, Managing Member, etc.) \_\_\_\_\_

Cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Shares, % owned

Completed by: \_\_\_\_\_

\_\_\_\_\_  
date