

Business Name:	
Business FID or EIN	
Business Address:	City State Zip
Phone	Fax Cell
Bus Email	Website
Primary Contact Name:	
Phone	Cell Email
Fax:	Website:
When did the business started?	
Type of business	Services _____ Merchandise _____
Business structure	Sole Proprietor _____ Partnership _____ (# _____ of members)
	Limited liability Corporation LLC _____ SCorp _____
Ind Contractors	
Employees:	
Bank Name:	
RTN	
Number	
Additional Bank Inf.	
User Name	
Password	
Security Question	
Corporations Division Date Incorporated	
Please include the Following with this form:	12 Months Bank Statements Inventory quantity, values & date of purchase (equipment, supplies, etc) 2-3 years income taxes
DUA Acct #	
FID	
Mass Dept. of Revenue	www.mass.gov/dor/business (webfile for business)

	How many employees do you have? _____
	Full time _____ Part time _____ Contractors _____
	PAYROLL
Are you interested in Payroll?	How many Employees?
Yes/NO	
	Contractors?
How frequent do you want to run payroll? Weekly _____ Biweekly _____ Monthly _____	

	Bookkeeping
Are you interested in Monthly bookkeeping?	If you are interested please provide previous records
Yes/No	