



## Business Profile

Phone: 843-747-1013

Fax: 843-302-8203

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **EFIN:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Entity:** \_\_\_\_\_ **Date Business Start:** \_\_\_\_\_

**No. of Employees** \_\_\_\_\_ **Date of first wages:** \_\_\_\_\_

### Business Owner/Manager(s):

**Owner/Manager Name# 1:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Owner/Manager Name# 2:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### Service(s) of Interest

- Part-Time CFO Services:(describe) \_\_\_\_\_
- Small Business Accounting:(describe) \_\_\_\_\_
- Quickbooks:(describe) \_\_\_\_\_
- Business Consulting:(describe) \_\_\_\_\_
- Quarterly Tax Filing:(describe) \_\_\_\_\_
- Business Tax Preparation:(describe) \_\_\_\_\_
- Payroll Services:(describe) \_\_\_\_\_
- Other Services:(describe) \_\_\_\_\_

All information given to North Charleston Accounting & Tax Services is correct and true. I am responsible for any misinform information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print or sign your full name