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(Please Check One)

Estate\_\_\_\_\_

Trust\_\_\_\_\_

Partnership\_\_\_\_\_

S Corp\_\_\_\_\_

C Corp\_\_\_\_\_

LLC\_\_\_\_\_

Nonprofit\_\_\_\_\_

**Business/Estate New Client Information**

EIN: \_\_\_\_\_ - \_\_\_\_\_ State Corp No.: \_\_\_\_\_ Date Incorp: \_\_\_\_\_

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have employees on payroll?: Y / N    Do you hire contractors in need of a 1099?: Y / N

Owner/Administrator/Executor Info (Who will be signing the return/providing information?):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

*For Estates/Trusts Only:*

Name of deceased: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Address: \_\_\_\_\_

Shareholder/Partner/Beneficiary Information (For K-1s):

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ownership %: \_\_\_\_\_