## Juravel & Company, LLC

## **Certified Public Accountants**

390 North Main St. Alpharetta, GA 30009 (770) 475-9348 www.juravelcpa.com

Date: Januar	y 4, 2018					FOR INTERNAL USE ONLY		
	, .,				Office: Alphare Client ID:		ta	
Name (Taxpay Name (Spouse				 -	Primary P Manager Biller Partner		Juravel, P PMJ/BAM Juravel, P PMJ/BAM	
SS# (Taxpayer) SS# (Spouse):	:	 	-					
Address:				- - -				
				_				
Phone:	(H) (C) (W)		 					
Email:	T S	 						
Date of Birth:	T S	 						
Children: Name/DOB/SS	# .							-
		 		 				-

## **BUSINESS INFORMATION** Company Name Federal ID Number (EIN) State Incorporated Date Incorporated S Election Date Year End Nature of Business **ENTITY INFORMATION** Sole Proprietorship Single Member LLC LLC Taxed as a Partnership LLC Taxed as an S Corporation LLC Taxed as a Corporation Partnership Corporation **Exempt Organization** Fiduciary/Estate Other (Specify Below) **DOCUMENTS REQUIRED (Check boxes for documents provided)** Articles of Incorporation By-Laws Federal ID Number (EIN) S Election (Form 2553) Prior Year Income Tax Return With all States Returns

Prior Year Personal Property Tax Return

State Payroll ID Numbers and Registration

	Payroll Service Provider (we will need online access to your payroll account)					
	Current Secretary of State Filing					
SERVICES R	EQUESTED					
	Bookkeeping					
	Payroll					
	Income Tax Preparation					
	Form 1099 Preparation					
	Personal Property Tax Return					
	Sales Tax Return					
	Other					
CREDIT CAF	RD INFORMATION					
Type of Car	d	_				
	mber . Date	-				
-	. Code	-				
Car	d Holders Name					
I hereby au	thorize Juravel & Company, LLC to charge					
my credit ca	ard each month for any services provided					
I understan	d and agree to the Terms and Conditions					
Signature:						
I authorize .	Juravel & Company, LLC via electronic signa	iture to charge my credit or debit card for their				

Please DO NOT email this to us as it contains confidential information

monthly fees each month until I cancel.