



Corporate Data Sheet

Please PRINT your personal information to assist us in the preparation of your income tax return.

Referred by: _____

TAXPAYER

ANNUALLY ☐ QUARTERLY ☐

Business Name:		
Address:		
City:	Zip:	State:
Type of Business:		
Date Established:	EIN Number:	
Cell #:	Home #:	Email:

Can anyone else claim you as a dependent? Yes ☐ No ☐

OWNER INFORMATION

First Name:	M.I:	Last Name:
Date of Birth:	Age:	Social Security #:
Drivers License <input type="checkbox"/> or State ID <input type="checkbox"/>	Exp. Date:	Issue Date:
Cell #:	Home #:	
Email:	Occupation:	

ACCOUNTING PROGRAMS

Please List The Accounting Software(s) Your Business Use *(include log-in information)*:



18505 Plymouth Rd. • Detroit, MI 48228 • www.glass-tax.com • info@glass-tax.com

Glass Tax Consulting, LLC promises to provide accurate and honest service to all clients, while completely upholding all ethic policies enforced by the IRS.



BUSINESS EXPENSES

Please List Expenses Here:

EMPLOYEES

Do You Issue? W2 <input type="checkbox"/> 1099 <input type="checkbox"/>	How Many Employees?
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Please List Employees Here:





ADDITIONAL INFORMATION

Please Describe Here:

GLASS TAX CONSULTING, LLC

** This document requires electronic or manual signature. It is understood, upon signing any part, or all of this document is legally recognized as the TAXPAYER'S / TAXPAYER'S REPRESENTATIVE authentic signature. And allows GLASS TAX to receive all information within this document.*

I (TAXPAYER/REPRESENTATIVE) AGREE TO THESE TERMS

Client's/Representative Signature:

Date:



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