

Business Data Information



Sims Tax Solutions

EIN #: _____ Taxpayer #: _____ Web File #: _____

Form Type: _____ Company Start Date: _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

Primary Owner: _____

Title: _____ Phone: _____

Owner's Address: _____

City/State/Zip: _____

SSN: _____ DOB: _____ Percent Share: _____

Email: _____

Secondary Owner: _____

Title: _____ Phone: _____

Owner's Address: _____

City/State/Zip: _____

SSN: _____ DOB: _____ Percent Share: _____

Email: _____

Notes:

For Office Use Only:

1099's _____ BOI _____ 941 & TWC Filing _____ Sales Tax Filing _____ Franchise Filing _____