

HAC Certified Public Accountants

COMPANY INTAKE FORM

HAC

Certified Public Accountants Inc.

USE OF YOUR INFORMATION: The information you provide on this form will be used in all our databases. Please be sure you review your information carefully. Thank you.

COMPANY INFORMATION:

Please enter the information below for each company we will be working with.

Registered Business Name _____

Assumed Name (or DBA) _____

BUSINESS REGISTERED ADDRESS: (PO Box is not allowed)

Street Address _____

City _____ **State** _____ **Zip** _____

Best Phone # _____ **Email** _____

BUSINESS TAX ID NUMBERS: Please provide your federal, state, and state unemployment numbers.

Federal ID # _____ **State ID #** _____ **State UC #** _____

Business Activity _____ **Business Bank Name** _____

COMPANY PRIMARY CONTACT FOR HAC CPAs INFORMATION:

NOTE The primary contact's email address and mailing address will be used for all **HAC CPAs** correspondence and sensitive tax information.

Client (First, MI, Last) _____ **DOB** _____ **SS#** _____

Home Address _____

Home City _____ **State** _____ **Zip** _____

COMPANY EMAIL ADDRESSES: Please read our email policy.

Primary Email _____

2nd Email _____

3rd Email _____

HAC CPAs Email Address Policy: We require a valid, working email address. The PRIMARY EMAIL is our mailing address where sensitive tax material may be sent. You will need to check your email periodically for important due dates and information we send out.

COMPANY PHONE NUMBERS: Please check the box to indicate your preferred contact number.

Business Phone _____ ☐ **Main #**

Cell Phone #1 _____ ☐ **Main #** **Belongs To** _____

Cell Phone #2 _____ ☐ **Main #** **Belongs To** _____

Other - Identify _____ ☐ **Main #** **Belongs To** _____

BUSINESS IN OTHER STATES: Does your business conduct business in another state?

☐ **No** ☐ **Yes** — If Yes, please provide state name and description: _____

SALES TAX: Do you collect sales tax and do you know if you are compliant with all sales tax law?

☐ **Yes** — If Yes, what frequency: _____

☐ **No** — I do not have taxable sales ☐ **I don't know if I am compliant**

68 Mitchell Blvd. Ste 240
San Rafael, CA 94903
www.haccpas.com
415.472.4225

EMPLOYEES OF YOUR BUSINESS: This does not include you, your spouse, or independent contractors.

- ☐ **None — No other employees**
- ☐ **Yes — We have other employees** Number of Full Time EEs: _____ Number of Part Time EEs: _____

Benefits Provided: _____

YOUR SPOUSE AS AN EMPLOYEE: Does your spouse currently work for you in your business?

- ☐ **No** ☐ **Yes — If Yes, please describe duties:** _____

CHILDREN AS EMPLOYEES: Do your children currently work for you in your business?

- ☐ **No** ☐ **Yes — If Yes, please describe duties:** _____

INDEPENDENT CONTRACTORS:

Please provide information about any independent contractors you pay for services (1099)

- ☐ **None — No independent contractors** ☐ **Yes — We pay independent contractors** Approx # _____

Do you make payments for services to a personal name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have a written contract in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you issue 1099s to the contractor and the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

HEALTH INSURANCE PREMIUMS: How are your insurance premiums paid?

- ☐ **We pay our own premiums**
- ☐ **Paid through spouse's employer — Describe:** _____

If you have other employees: Do you provide health insurance coverage? (Not including you or your spouse)

- ☐ **Yes** ☐ **No** ☐ **Unsure - Describe** _____

HEALTH SAVINGS ACCOUNTS: Are you eligible to contribute to an HSA account with your insurance plan?

- ☐ **Yes** ☐ **No** ☐ **Unsure**

If Yes, Are you funding your HSA? _____

RETIREMENT ACCOUNTS: What type of retirement account do you currently have?

- ☐ **IRA** ☐ **Roth IRA** ☐ **SEP** ☐ **SIMPLE IRA** ☐ **Solo 401k** ☐ **Defined Benefit Plan**
- ☐ **Regular 401k** ☐ **I don't know what type of account I have** ☐ **None**

Other-Describe _____

Is funding your retirement account priority for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have other employees eligible for contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you interested in learning how to self-direct retirement funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

AUTOS USED FOR THE BUSINESS:

Describe each auto used by the business. Let us know the name on the title (business or personal)

Year, Make, Model of Auto	Est. Market Value	Own or Lease	Over 6,000 lbs?	Name on Title?
		<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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CORPORATION / COMPANY DETAILS

CURRENT OWNERSHIP OF YOUR COMPANY:

Enter the names of your current shareholder/member(s) with their percentage (%) ownership

Owner Name	Ownership %

OWNERSHIP RESTRICTIONS: If your business is licensed by the state of California, there may be restrictions on who can be an owner of your corporation or LLC.

TITLES/POSITIONS IN YOUR COMPANY:

Please assign ALL current assigned or elected titles: Corporations - Use Box #1 -- Limited Liabilities Companies - Use Box #2

Box # 1 - Corporations Only

Assigned Title	Corporation Officers - One name per title
President	
Secretary	
Treasurer	
Corporation Directors - Can have multiple people here	
Director 1	
Director 2	
Director 3	
Director 4	

OFFICERS VS DIRECTORS: Generally, officers of a corporation run the day-to-day operations of a corporation. Directors serve in an advisory role and help in the strategic planning of the corporation. If your business is licensed by California, - officers will need to be licensed as well.

Box # 2 - LLCs Only

Assigned Title	LLC Officers - Only one name per title
Chief Manager	
Secretary	
Treasurer	
LLC Directors - Can have multiple people here	
Governor 1	
Governor 2	
Governor 3	
Governor 4	

OFFICERS VS GOVERNORS: Generally, officers of an LLC run the day-to-day operations of a company. Governors serve in an advisory role and help in the strategic planning of the company. If your business is licensed by California - officers will need to be licensed as well.

CONTACT INFORMATION FOR OWNERS/OFFICERS

#1 Owner/Officer: This will be the company PRIMARY CONTACT and signer for tax returns.

NOTE: The primary contact's email address and mailing address will be used for all HAC correspondence and sensitive tax information.

First, MI, Last _____ DOB _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Best Phone # _____ Email _____

#2 Owner/Officer: This will be an additional contact for the company and should not be the primary contact.

First, MI, Last _____ DOB _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Best Phone # _____ Email _____

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#3 Owner/Officer: This will be an additional contact for the company and should not be the primary contact.

First, MI, Last _____ DOB _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Best Phone # _____ Email _____

#4 Owner/Officer: This will be an additional contact for the company and should not be the primary contact.

First, MI, Last _____ DOB _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Best Phone # _____ Email _____

SPECIAL REQUESTS OR SPECIFIC INSTRUCTIONS:

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FOR HAC CPAs USE ONLY

☐ S - Corp ☐ C - Corp ☐ LLC - Disregarded ☐ LLC - Partnership

☐ LLC - S - Corporation ☐ LLC - C - Corporation

S-Corp Election _____

Date Business Started _____

Date First Wages _____

Special Instructions _____