

**R. L. GOODRICH & CO., P. C.**  
CERTIFIED PUBLIC ACCOUNTANTS

**New Client Form – Company**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Trade Name (d.b.a) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Contact Telephone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Company Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Form of Organization:

Individual/ Sole Prop. (I)

Trust

Partnership (P)

S- Corp. (S)

Other \_\_\_\_\_

C-Corp. (C)

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ or SSN \_\_\_\_\_

Business License # \_\_\_\_\_ County \_\_\_\_\_

Services (all that apply):

Corporate Tax Return

Sales Tax Returns

Payroll Tax Returns

Ad Valorem

Other \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_

6865 SHILOH ROAD EAST, SUITE 250, ALPHARETTA, GA 30005

TEL. 770-205-1040 FAX 770-205-1044

[rlgoodrichcpa@bellsouth.net](mailto:rlgoodrichcpa@bellsouth.net)

[rlgoodrichcpa.com](http://rlgoodrichcpa.com)