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● 405 Urban St. Suite 402 ● Lakewood, CO 80228 ● 303-274-5500 ● FAX 303-274-6820

● Email: [cpa@smithassociatespc.com](mailto:cpa@smithassociatespc.com) ● Web Site: www.smithassociatespc.com

**BUSINESS CLIENT SETUP FORM**

**CLIENT INFORMATION**

MAIN BUSINESS INFORMATION:

Client ID Federal ID # Entity Type

Business Name

Assigned To: Partner Manager Staff

Referred By

**PRIMARY CONTACT INFORMATION**

BUSINESS CONTACT INFORMATION:

Company Name

Business Phone # Fax #

Address

City State Zip

Client Categories: Magazine Christmas card Poinsettia Tree Poinsettia Basket Email List

**ENGAGEMENTS**

Bookkeeping – $ Payroll – $

Write-Up – $ Payroll Tax Return – $

Annual Business Return – $ Property Tax Return – $

**PROJECTS**

Financial Statement – Starting Month Payroll Tax Returns – Starting Quarter

Monthly Tax Return – Starting Year

Quarterly Property Tax Return – Starting Year

Payroll Preparation – Starting Pay Date Tax Projection – Starting Year

**CLIENT CUSTOM FIELDS**

Portal Delivery Software Data Location

Bill.com User QB Version

Smart Vault User QB Admin Password

Web Employee User Hosted Username

Financial Statement Preparation EFTPS Pin

EFTPS Password



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**BUSINESS CLIENT SETUP FORM**

**ADDITIONAL SETUP**

1) NETCLIENT CS 2) ULTRATAX CS 3) PRACTICE CS

NetClient User Setup Connect UT Client to NetClient Connect Portal to Contact

4) FileCabinet CS 5) NETCLIENT CS

Set up Client as NetClient Contributor Added Document Presentation to Contact

6) CLIENT DATA FOLDER 7) TAX ROUTING FOLDER

Created Folder and Mapped to Practice CS Client Created Hard Folder

**CLIENT COMMUNICATION**

New Client Welcome Letter has been sent Engagement Letter has been sent

**ADDITIONAL CONTACT**

Mr. Mrs. First M.I. Last Name

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip

Home # Mobile# Business #

Email

**ADDITIONAL CONTACT**

Mr. Mrs. First M.I. Last Name

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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