



Client Information Sheet

Company Name: _____

Primary Point of Contact: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Business Information: (briefly describe the nature of your business, and what your business does)

What type of company (i.e. Corp., LLC, Sole Proprietor)? _____

What tax forms do you file? _____ Do you use a CPA? _____

If so, Name _____, Phone _____

Do you have a bookkeeper? _____ . What bookkeeping software do you use? _____

What kind of Computer system do you use? _____

Do you have access to the internet? _____ if so, is it DSL? _____ is DSL available? _____

Do you do online banking? _____ Are you set up with EFTPS and TWC online? _____

How many bank accounts do you have _____ How many credit card accounts do you have _____

of locations: _____ # of employees (w-2): _____ # of contract laborers (1099): _____

Days and Times of Operation: _____

How many people have access to your financial data? _____ Is it kept at your location? _____

Will JTBS be handling you company finances, personal, or both? _____

Client expectations: (What do you expect JTBS to do?)

JTBS Business Solutions, Inc.

1451 W Business 380 Suite 2B, Decatur, TX 76234

Office: 940-626-0010 Fax: 940-626-0020



DOCUMENTS and/or INFORMATION CHECK LIST
(Documents and information to provide to JTBS)

- Back up of your QuickBooks File (if available)
- Business Bank Statements for Year _____
- Personal Bank Statements for Year _____
- Business Credit Card Statements for Year _____
- Personal Credit Card Statements for Year _____
- EIN # _____ (if available)
- EFTPS:
User _____ Password _____ PIN _____
- TWC:
User _____ Password _____ PIN _____
- Online Banking/ Business:
User _____ Password _____ PIN _____
User _____ Password _____ PIN _____
- Online Banking/ Personal:
User _____ Password _____ PIN _____
User _____ Password _____ PIN _____
- Credit Card Online Access/ Business:
User _____ Password _____ PIN _____
User _____ Password _____ PIN _____
- Credit Card Online Access/ Personal:
User _____ Password _____ PIN _____
User _____ Password _____ PIN _____
- TXDL: (for all Owners and/ or Corporate Officers)
Name _____ DOB _____ Expiration _____
Name _____ DOB _____ Expiration _____
Name _____ DOB _____ Expiration _____
- Misc. Open Accounts and/or Lines of Credit:
Vendor _____ Acct. # _____ Pmt. Amount _____ Day Due: _____
Vendor _____ Acct. # _____ Pmt. Amount _____ Day Due: _____
Vendor _____ Acct. # _____ Pmt. Amount _____ Day Due: _____
Vendor _____ Acct. # _____ Pmt. Amount _____ Day Due: _____

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