

MARK H. KNAUF, PA

Certified Public Accountant

2230 South McCall Road

Englewood, Florida 34224

Phone: 941/474 5450

Fax: 941-473-3774

CLIENT INFORMATION BOI FILING

SEND INFORMATION TO: OFFICE@MARKKNAUF CPA.COM

LEGAL BUSINESS NAME: _____

EIN or SSN: _____

STATE OF FORMATION _____ (state registered)

BUSINESS EMAIL: _____

BUSINESS ADDRESS: _____

THE FOLLOWING FOR EACH BENEFICIAL OWNER'S:
PLEASE ATTACH A PICTURE OF THE FRONT OF EACH OWNERS DRIVERS LICENSE

OWNER 1:

FULL LEGAL NAME _____

DATE OF BIRTH: _____

ADDRESS: _____

DRIVER'S LICENSE# _____

PHONE NUMBER _____

EMAIL: _____

OWNER 2:

FULL LEGAL NAME _____

DATE OF BIRTH: _____

ADDRESS: _____

DRIVER'S LICENSE# _____

PHONE NUMBER _____

EMAIL: _____

OWNER 3:

FULL LEGAL NAME _____

DATE OF BIRTH: _____

ADDRESS: _____

DRIVER'S LICENSE# _____

PHONE NUMBER _____

EMAIL: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE FOR EACH OWNER

WE WILL ONLY COVER THE INITIAL FILING FOR \$150

ANY ADDITIONAL CHANGES WILL REQUIRE A NEW FORM AND AN ADDITIONAL FEE AFTER ORIGINAL FILING

PLEASE PROVIDE THIS FORM BY DECEMBER 1ST.

SIGNATURE _____

DATE _____