

# Tax & Accounting Information Request Form

FAX to: 408-269-8487

1. Your name \_\_\_\_\_

2. Telephone number (        ) \_\_\_\_\_

3. Fax number (optional) (        ) \_\_\_\_\_

4. email \_\_\_\_\_

5. Address \_\_\_\_\_

6. City - \_\_\_\_\_

State - \_\_\_\_\_ Zip Code - \_\_\_\_\_

7. I have questions regarding: *check all that apply*

- Audits & Collections
- A Death in the Family & Returns to File
- Setting up Payroll Taxes
- Setting up Sales Taxes
- Setting up Bookkeeping

8. Any comments or questions?

