



# BP Administrations

11902 Rosecrans Ave Suite B Norwalk, CA. 90650 Tel (562) 381-2408 Fax (562) 991-5401

Entity Name: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Business Registration: \_\_\_\_\_

Primary Business Activity: \_\_\_\_\_

### Type of Entity

S Corporation \_\_\_\_\_

C Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

LLC Sole Member \_\_\_\_\_

LLC Multiple Members \_\_\_\_\_

How many members? \_\_\_\_\_

If 2, are you an LLP? \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Officer (Member) Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Do you sign the return? \_\_\_\_\_

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## Officer (Member) Information Continued

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Do you sign the return? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Do you sign the return? \_\_\_\_\_

## Previous Tax Information

What form do you file?

Form 1120 \_\_\_\_\_

Form 1120S \_\_\_\_\_

Form 1065 \_\_\_\_\_

Form 990 \_\_\_\_\_

Last Year Filed? \_\_\_\_\_

If first year, write the year the entity opened.

Any IRS or State Revenue balances? Any Special Information Needed to be Shared?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_