



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?
