

2020 Tax Preparation

Entity Data



Entity Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Contact Name: _____

Secondary Phone: _____ Contact Name: _____

Primary Email: _____

Does your entity use WB accounting services (bookkeeping, payroll, etc.)? Yes No

Do you work with a WB advisor for financial services? Yes No

Returning your return

How would you like to receive your completed tax return?

CD Paper Portal

Special Instructions: _____

For office use only: ___TEL-S___FD-S___WP-PU___PROJ