Langley and Associates LLC

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Business Owner & Officer Information Form

New Client Existing Client	
Existing Clients, please fill in the starred* items, for everything else you only need to fill in what has change	ed,
unless using to report Owner and Non-Owner Officer compensation.	
Date:	
*Business Name:	
*Tax ID/EIN:	
Owner Information	
Number of people/entities with an ownership interest:	
Number of officers who are not owners:	
You can repeat the Owner Information and Non-Owner Officer Information pages as much as needed. This t	forn

can also be used to report Owner and Non-Owner Officer compensation.

Owner Information

• Owner #			
o First Name or Business Name:			
o MI:			
o Last Name:			
o Title:			
o SSN/EIN/Tax ID:			
o Street Address:			
o City:			
o State:			
o Country (if not U.S.):			
o Entity Type			
Individual			
• Estate			
Exempt Organization			
• Trust			
 Other Entity Type: Description 	on:		
Ownership Percentage or Number of Share	s:		
o Receives a W-2 from the business: Yes	No		
○ Amount of compensation:			

Non-Owner Officer Information

•	Non-C	Owner Officer #
	0	First Name:
	0	MI:
	0	Last Name:
	0	Title:
	0	SSN/ Tax ID:
	0	Street Address:
	0	City:
	0	State:
	0	Country (if not U.S.):
	0	Percent of Stock Owned (if applicable)
		 Common
		Preferred
	0	Percent of time devoted to business:
	0	Receives a W-2 from the business: Yes No
	0	Amount of compensation: