



## Beneficial Ownership Information Questionnaire

Effective January 1, 2024 the Federal Corporate Transparency Act requires most companies to report Beneficial Ownership Information to FinCen (Financial Crimes Enforcement Network) about the individuals who own or control them. Failure to do so will result in fines of \$500 per day, up to \$10,000 maximum.

### Business Information

Legal Name of Reporting Company: \_\_\_\_\_

If applicable, Alternate name (DBA): \_\_\_\_\_

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

Tax ID Number or SSN of Owner: \_\_\_\_\_

### Company Application Information (Please provide a copy of Driver's License/State ID or US Passport):

Legal Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Beneficial Owner(s)** – List each person who owns or controls 25% or more in the Reporting Company or non-owner with substantial control of the company, such as senior officer or important decision maker. If you need additional Beneficial Owners, please provide on separate sheet with all the information:

#### Beneficial Owner #1 (Mark Same if provided above)

Please provide a copy of the DL or Passport

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

Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

% of Ownership: \_\_\_\_\_

#### Beneficial Owner #1 (Mark Same if provided above)

Please provide a copy of the DL or Passport

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

Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

% of Ownership: \_\_\_\_\_

I certify that the information provided is accurate and complete. I authorize an electronic signature on my behalf to file the BOI Report (please sign below):

X: \_\_\_\_\_

Date: \_\_\_\_\_

Ph : (201) 777-1575 | Fax : (201) 355-0402  
andrea@acartwrightcpa.com | acartwrightcpa.com  
1 Orient Way, Suite F #258 Rutherford, NJ 07070



### Bank Transfer Authorization Form

I authorize **Cartwright and Associates** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

#### Terms of billing:

One time on \_\_\_\_\_ for the amount of \$ **100.00**.  
mm/dd/yy

#### Monthly debits

Starting on \_\_\_\_\_ and on the \_\_\_\_\_ of each month through \_\_\_\_\_  
mm/dd/yy day of the month mm/dd/yy  
for the amount of \$ \_\_\_\_\_.

#### To pay current and future invoices

Starting on \_\_\_\_\_ for the amount of \$ \_\_\_\_\_ and accordingly thereafter per the  
mm/dd/yy  
invoice terms future invoice(s).

#### Client bank account information

Confirm

\_\_\_\_\_  
Routing number Account number

Account type: ☐ Checking ☐ Savings ☐ Consumer ☐ Business

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify  
Client Name

**Cartwright and Associates** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

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

Ph : (201) 777-1575 | Fax : (201) 355-0402  
andrea@acartwrightcpa.com | acartwrightcpa.com  
1 Orient Way, Suite F #258 Rutherford, NJ 07070