



BOI QUESTIONNAIRE

Name of Business: _____

EIN of Business: _____

Address of Business: _____

State of Formation: _____

Was your company formed before Jan 1, 2024

Beneficial Owner(s), (BO) Names (name of members, managers, directors. etc):

BO Name: _____

BO Home Address: _____

BO Dates of Birth: _____

BO Name: _____

BO Home Address: _____

BO Dates of Birth: _____

BO Name: _____

BO Home Address: _____

BO Dates of Birth: _____

(If you have more members, please submit an additional sheet)

***By signing this form, you agree to allow Traders Accounting, or a representative of Traders Accounting to file the BOIR on your behalf. By also signing this form, you certify that all information is true and correct. The willful failure to report true or correct information regarding beneficial ownership, or the willful failure to update beneficial ownership information within 30 days, may result in civil or criminal penalties.**

Signature: _____

Date: _____

Print Your Name: _____

*We will also need either an updated DL or passport of all parties involved with the business.