

LAW OFFICE INFORMATION SHEET

Date: _____

LAW PRACTICE LEGAL NAME:

Physical Location(s): _____

Mailing Address (if different): _____

Location of Post Office Boxes: _____

Box #: _____

Location of Key(s) _____

Telephone Numbers: _____

Web Site Address: _____

Date of Formation: _____ State of Formation : _____

Location of Business Records: _____

Employer Identification Number: _____

Vermont Business Number: _____

IRS CAF Number (for IRS Powers of Attorney): _____

IRS PTIN Number (IRS Tax Preparer Identification Number): _____

(Note: Annual IRS Registration of PTIN now required)

Officers/LLP LLC Managers (Corp/Bypass Entity):

Name & Address: _____

Social Security #: _____

Individual PTIN: _____

Individual CAF: _____

Name & Address: _____

Social Security #: _____

Individual PTIN: _____

Individual CAF: _____

Name & Address: _____

Social Security #: _____
Individual PTIN: _____
Individual CAF: _____

ATTORNEYS IN LAW PRACTICE:

Name: _____
Address: _____

Contact Numbers: Home: _____ Cell: _____
Social Security #: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____

Name: _____
Address: _____

Contact Numbers: Home: _____ Cell: _____
Social Security #: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____

Name: _____
Address: _____

Contact Numbers: Home: _____ Cell: _____
Social Security #: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____
License #: _____ Jurisdiction _____
Date of Expiration: _____

Name: _____
Address: _____

Contact Numbers: Home: _____ Cell: _____
Social Security #: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____

Name: _____
Address: _____

Contact Numbers: Home: _____ Cell: _____
Social Security #: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____
License #: _____ **Jurisdiction** _____
Date of Expiration: _____

COMPUTER SYSTEMS & OPERATIONS:

Type of computer system utilized for the office. _____

 Location of password or access codes: _____
 Type of backup system utilized: _____
 Location of disk or tape storage: _____
 Location of any office procedures manuals related to use of computer system:

CALENDAR/DOCKETING SYSTEM:

Type and locations: _____

 Who has access to Calendars: _____
 Password(s) to Calendar/Docketing System: _____

PROFESSIONAL LIABILITY INSURANCE:

Liability Insurance Company: _____

Address: _____

Agent: _____

Policy #: _____

Coverage Amount: _____

Deductible Amount: _____

Location of Original Policy: _____

Attach a copy of the Declarations Page: _____ Date Attached:

BUSINESS OWNERS INSURANCE

Business Insurance Company: _____

Address: _____

Agent: _____

Policy #: _____

Coverage Amount: _____

Deductible Amount: _____

Location of Original Policy: _____

Attach a copy of the Declarations Page: _____ Date Attached

WORKERS COMPENSATION INSURANCE

Workers Compensation Insurance Company: _____

Address: _____

Agent: _____

Policy #: _____

Location of Original Policy: _____

Attach a copy of the Declarations Page: _____ Date Attached

HEALTH INSURANCE

Health Insurance Company: _____

Address: _____

Agent: _____

Policy #: _____

Location of Original Policy: _____

Attach a copy of the Declarations Page: _____ Date Attached

Employees who are covered: _____

LAW PRACTICE DISABILITY INSURANCE

Insurance Company: _____
Owner of Policy: _____
Policy #: _____
Insured: _____
Value: _____

LIFE INSURANCE POLICIES WHICH DESIGNATE LAW PRACTICE AS BENEFICIARY:

Life Insurance Company: _____
Owner of Policy: _____
Policy #: _____
Value: _____

Life Insurance Company: _____
Owner of Policy: _____
Policy #: _____
Value: _____

LAW PRACTICE PENSIONS, RETIREMENT PLANS:

Company Name: _____
Address: _____
Account #: _____

Company Name: _____
Address: _____
Account #: _____

REAL ESTATE (Own)

Property Description: _____

Current tax assessed value _____ (Please provide copy of current tax bill.)

Is the property currently mortgaged? _____

Balance of Mortgage: _____

Bank/Lending Institutions:

Name: _____

Address: _____

Contact Person: _____

Property Insurance:

Insurance Company: _____

Address: _____

Agent: _____

Policy #: _____

Location of Original Policy: _____

REAL ESTATE (Rent)

Property Description: _____

Landlord Name: _____

Address: _____

Telephone: _____

Location of Lease Agreement: _____

Current Monthly Rent: _____

OFFICE EQUIPMENT:

Location of list of all office equipment - telephones, voicemail, fax machines, copiers, postage meter (include model/serial numbers for identification): _____

BANK ACCOUNTS (Operating accts, IOLTA, Payroll accts, Savings accts, etc):

Name of Bank: _____

Account Type: _____

Account Number: _____

Authorized Signers: _____

Name of Bank: _____

Account Type: _____

Account Number: _____

Authorized Signers: _____

Name of Bank: _____

Account Type: _____

Account Number: _____

Authorized Signers: _____

Name of Bank: _____

Account Type: _____

Account Number: _____

Authorized Signers: _____

LOCATION OF CHECKBOOKS, STATEMENTS & DEPOSIT RECORDS:

INVESTMENT ASSETS:

Name of Investment Account: _____

Account Number: _____

Broker Name & contact Info: _____

Name of Investment Account: _____

Account Number: _____

Broker Name & contact Info: _____

Name of Investment Account: _____

Account Number: _____

Broker Name & contact Info: _____

SAFE DEPOSIT BOX(S):

Location: _____

Box #(s): _____

Key Location _____

Names of Persons with Access: _____

Location: _____

Box #(s): _____

Key Location: _____

Names of Persons with Access: _____

FINANCIAL RECORD KEEPING SYSTEMS:

Type or nature of **Payroll System** (in-house computer system, manual system, payroll company): _____

Who is responsible for handling payroll and making all payroll tax deposits: _____

Who has access to payroll account: _____

Type and Location of Bookkeeping System:

Who maintains and/or has access to office books and records: _____

Accountant for the practice: _____

Address: _____

Telephone Number: _____

Type and Location of Timekeeping System:

Who maintains and/or has access to timekeeping system and records: _____

Location timekeeping records: _____

Location of Client Billing records: _____

Who handles client billing: _____

DATABASES:

Name of Database: _____

Information in Database: _____

Name of Database: _____

Information in Database: _____

Name of Database: _____
Information in Database: _____

ACCOUNTS PAYABLE

Location of Vendor List: _____

Monthly Vendors:

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____

Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Name: _____
Address: _____
Contact Numbers: _____
Account or Reference Number: _____
Amount: _____
Due Date: _____

Law Practice lines of credit and/or business loans:

Bank/Lending Institutions:
Name: _____
Address: _____

Contact Person: _____
Account or Reference Number: _____
Amount Currently Outstanding: _____

Equipment Lease Obligations or Maintenance Contracts:

Company name: _____
Address: _____

Telephone #: _____
Account or Reference Numbers: _____

Company name: _____
Address: _____

Telephone #: _____
Account or Reference Numbers: _____

Company name: _____
Address: _____

Telephone #: _____
Account or Reference Numbers: _____

Company name: _____
Address: _____

Telephone #: _____
Account or Reference Numbers: _____

MEMBERSHIP DUES

Name & contact information: _____

Account Number: _____

Name & contact information: _____

Account Number: _____

Name & contact information: _____

Account Number: _____

SUBSCRIPTION DUES:

Name & contact information: _____

Account Number: _____

Name & contact information: _____

Account Number: _____

CLIENTS:

Type and location of CLIENT LIST: _____

Who has access to list: _____

Location of ACTIVE CLIENT FILES: _____

Who has access to client files: _____

Location of CLOSED CLIENT FILES: _____

Who has access to client files: _____

FILE ORGANIZATION AND STORAGE:

Type of Files: _____

Location of files: _____

Who has access to files: _____

Type of Files: _____

Location of files: _____

Who has access to files: _____

Type of Files: _____

Location of files: _____

Who has access to files: _____

STORAGE OF ORIGINAL CLIENT DOCUMENTS:

Location of ORIGINAL CLIENT DOCUMENTS: _____

Who has access to files: _____

Location of ORIGINAL CLIENT DOCUMENTS: _____

Who has access to files: _____

Location of ORIGINAL CLIENT DOCUMENTS: _____

Who has access to files: _____