

Business Information

☐ C Corporation☐ Sole Proprietorship☐ Limited Liability Company (LLC)
☐ General Partnership☐ S Corporation☐ Other_____

Business Name _____Employer ID# (EIN)_____

Address _____City _____State _____Zip _____

Contact Individual _____Phone # _____

Email _____ALT Phone # _____

Business Activity _____Business Start Date _____

Is this a rental Property? Yes___ No___

If yes, please fill out page 3

Method of Accounting (Check One): Cash___ Accrual___ Other (Describe):_____

Corporation Information

State of Incorporation	State ID #	Date of Incorporation
<div>** If this is an S-Corporation, please provide a copy of IRS FORM 2553 and a copy of the IRS acceptance letter allowing S-Corporation status (if available)</div>		Date of Incorporation

Partners/Shareholders Information

	Full Name	SSN#	Address	Ownership %
Partner # 1				
Partner # 2				
Partner # 3				
Partner # 4				

Additional Information & Preferred Documents

*** If you are a new client, please provide a complete copy of your prior year's tax return.**

* If this is the first year of the entity's existence, please provide accurate State Incorporation or Partnership Agreement Information.

* Please provide the Income Tax Statement for the year (per the books), including the balance sheet, depreciation schedule, and cash reconciliation of the business checking accounts with the ending balance for the year.

* If the business has employees, please provide copies of payroll returns and copies of all **W-2 Forms**.

* If the business employed independent contractors or made payments to unincorporated services supplies, please provide copies of all issued **1099-NEC Forms**. If not prepared, please provide names, addresses, social security numbers, and amounts paid so we may prepare them for you.

* If there were withdrawals of capital by the owners during the year, please provide details.

Note, if this entity made distributions and is a C- Corporation, **Form 1099-DIV** may be required.

* If any partners or shareholders are residents of a different State or reside outside the U.S., please provide details.

Note: the business may be subject to withholding requirements or be required to file multiple state returns if the business was conducted in more than one state.

Business Intake Form

Tax Year 20__

Income	Amount	Cost of Good Sold (For Manufacturing)	Amount
Sales		Start of Year inventory	
Services		Purchases	
1099 Income (Provide Copies)		Cost of Labor	
Other:		Other:	
Total Income		End of Year Inventory	
Business Expenses	Amount	Business Expenses	Amount
Advertising		Taxis	
Bank Charges		Telephone	
Business Cards		Training	
Cell Phone		Transportation	
Commission & Fees		(Local) Utilities	
Computer Purchase		Wages (W-2) Other:	
Contract Labor (1099 Employees)			
Dues & Subscriptions			
Education			
Employee Benefits			
Employee Healthcare Plans		Business Assets	Amount
Entertainment & Business Meals		Equipment/Tools more than \$100	
Equipment/Tools - Less than \$100 per item		Description of Item (Including date of acquisition)	
Fees		Vehicle Expenses (Not including daily commute)	Amount
Gifts to Clients		If leased amount paid per month	
Insurance		If purchased, total vehicle price	
Legal & Professional		Fuel	
License & Permits		Parking & Tolls	
Office Expense		Maintenance & Repairs	
Office Supplies		Overall Mileage	
Parking Pension Plan Fees		Business Mileage	
Postage & Shipping		Make, Year & Model	
Publications		Home Expenses	Amount
Rent - Equipment		Total square footage of home	
Rent - Other		Total square footage of office	
Repairs & Maintenance		Rent	
Seminar & Conferences		Utilities	
Software		Phone	
Supplies		Internet/Cable	
Taxes - Payroll		Insurance	
(Provide W-3 Form)		Other office improvements	
Taxes			

Tax Payer Signature

Date

I CERTIFY THE INFORMATION I PROVIDED ON AND IN CONNECTION WITH THIS TAX RETURN IS TRUE, ACCURATE AND COMPLETE.



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