

BUSINESS TAX FILING QUESTIONNAIRE

PLEASE PRINT LEGIBLY

___ PREVIOUS CLIENT

___ NEW CLIENT

TAX YEAR _____ Today's Date ___/___/___ Business Type _____

Business Type: ___ Sole proprietor ___ Partnership ___ LLC ___ Corporation

EIN# ___ - _____ Business Start Date ___ / ___ / ___ State Registered _____

Legal Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Primary Contact Person: _____

Best Tel#: _____ Email Address: _____

PLEASE ANSWER YES OR NO: DO YOU HAVE?

___ HEALTH INSURANCE ___ DENTAL PLAN If Yes, is gov't EXCHANGE?

Business Partners or Officers (for K1)

Name _____ SSN _____ #Shares: _____

Address _____ City _____ State _____ Zip _____

Name _____ SSN _____ #Shares: _____

Address _____ City _____ State _____ Zip _____

Name _____ SSN _____ #Shares: _____

Address _____ City _____ State _____ Zip _____

(If necessary add additional partners/officers info on back or include separate page)

Please include/Attach

1. Certificate or Articles of Incorporation & Filing Receipt
2. Proof of Income (Receipts, Inv, Bank Stmts, 1099's, etc.)
3. First Time client (IRS EIN Confirmation Letter)
4. Business Sorted Receipt(LPS)Expense form
5. Copy of prior year tax (if Applicable)