BUSINESS TAX FILING QUESTIONNAIRE

PLEASE PRINT LEGIBLY

_____ NEW CLIENT
_____ PREVIOUS 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:**______________________________

Did you pay Estimated taxes for the year? $________ Federal $_______ State

Audit Protection Plan will be added to assist in event of an Audit-(Unless You Opt-Out)

Business Partners or Officers (for K1)

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)

____

Taxpayer Signature

See attached form for Optional "Financial Wealth Evaluation"

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)