PLEASE COMPLETE AND RETURN VIA FAX/EMAIL OR VIA DROP-BOX. THANKS.

PLEASE INCLUDE COPY OF YOUR LATEST INCOME TAX FILING (IF A TAX PREPARATION ENGAGEMENT)

**CLIENT/TAXPAYER #1**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAXPAYER #2 (Business Partner - must if Married Filing Jointly)**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPENDENT #1 DAY CARE? YES/ NO**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPENDENT #2 DAY CARE? YES/ NO**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION \*\*\*\*\*\*\*\*\*\*\*\***

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_COUNTY\_\_\_\_\_\_\_\_\_

(\*) EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS (EMPLOYER) INFORMATION \*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

BUSINESS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BUSINESS WEBSITE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_COUNTY\_\_\_\_\_\_\_

TYPE (ENCIRCLE): I AM AN EMPLOYEE PARTNERSHIP LIMIT LIABILITY CO (LLC)

SOLE PROPRIETORSHIP S-CORP CORPORATION NONPROFIT

**EIN #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLEASE INCLUDE COPY OF LEGAL BUSINESS ORGANIZATION IF

**CA CORP #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AVAILABLE – “or” make copy of your **most current business tax return** available.

**INFORMATION ABOUT BUSINESS**

DATE OF INCORPORATION \_\_\_\_\_\_\_\_\_\_\_\_ STATE OF INCORPORATION\_\_\_\_\_\_\_\_\_\_\_\_

DATE OPERATIONS BEGAN \_\_\_\_\_\_\_\_\_\_\_\_ RESIDENT STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ACTIVITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INVENTORY BALANCE @YEAR END\_\_\_\_\_\_\_

PRODUCT OR SERVICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNERSHIP PERCENTAGE\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCTG RECORDS LOCATED AT (ENCIRCLE)…1)BUSINESS ADDRESS..2)RESIDENCE.. 3)OTHER (NEED ADDRESS)

**INFORMATION ABOUT BUSINESS (PERSONAL) ACCOUNTS (BOOKKEEPING PURPOSES ONLY)**

**CHECKING**

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_ CHECKING A/C #\_\_\_\_\_\_\_\_\_\_\_ BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAVINGS**

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_ SAVINGS A/C#\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK BUSINESS LINE OF CREDIT (LOC)**

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_\_ LOC A/C# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARDS**

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDIT CARD A/C#\_\_\_\_\_\_\_\_\_\_ BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDIT CARD A/C#\_\_\_\_\_\_\_\_\_\_ BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK WEBSITE**

USERNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSWORD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ON ACCESSING QUICKBOOKS (BOOKKEEPING PURPOSES ONLY)**

USERNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSWORD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_