

The Tax Shoppe

2011 BUSINESS CHECKLIST

Mail: 155 Lake St., Ramsey, NJ 07446

Fax: 201-327-4930

Email: the_tax_shoppe@yahoo.com

Questions? Call us at 201-327-4965

Business Information	Business Name		EIN
	Business Address		
	Business Phone	Cell Phone #	E-mail

Business Entity Type: (select one below)

Sole Proprietor

Date of Formation: _____

Partnership

State of Formation: _____

Corporation

Name of person who formed this entity

S-Corporation
(provide copy of IRS acceptance letter)

Who is your Registered Agent?

Estate / Trust

Non-Profit Organization

Do you have a copy of your formation documents? Yes No

State LLC Formation

If yes, please provide us with all copies of formation documents.

BUSINESS OWNERS (If additional owners, please list on separate page)

Name and Address	Home Phone	Social Security Number (required)			Percentage of Ownership
*Contact Member					

PERSONAL PROTECTION PLAN (PPP), It's insurance for our services should you receive an IRS or State letter

PPP Business Pricing according to Revenue:

Revenue under 500k \$39

Revenue over 500k ...\$49

Revenue over \$3 million .. \$75

Sole proprietors include PPP on personal

return \$29

YES! I accept the Personal Protection Plan. Please include the fee in with my preparation fee.

Initial - I accept coverage

No, I decline PPP. I understand that should I need addq services, I will be billed at a rate of \$75/hour. (Average audit-3Hr)

Initial - I deny coverage

Payment Info (Required)	CREDIT CARD			
	MC / Visa / AMEX / Discover		Signature	
	Name on Card & Billing Zip Code	Credit Card Number	Expiration Date	

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Gross Receipts of business (not including sales tax): _____

Total Auto Mileage		Fees / Licenses / Permits		Travel Exp(Fares/Rentals)	
Business Auto Mileage		Insurance incl. Health		Meals / Entertainment	
Tolls/Parking/Car Wash		Advertising		Issued W-2 / Salaries paid	
Purchase of Goods		Cellular/Telephone		Sub Contractor/Casual labor (1099 g)	
Opening Inventory		Tools Purch or Repair		Work Clothes/Uniforms	
Closing Inventory		Publications / Education		Safety Equip.	
Packaging, etc		Internet services		If Renting, Utilities	
Postage/Freight		IT Services		Rent or Home Office (see below)	
Office Supplies & Equip		Equip Purchased/Leased		Gifts	
Repairs/Maintenance		Publications/Subscriptions		Misc. Expenses	

For Home Office: TOTAL house square footage & portion that is dedicated office space _____

List amounts for each category separately: utilities, repairs, maintenance, insurance, rent paid/or if owned, home mortgage & taxes

COMMENTS/QUESTIONS/SPECIAL CONCERNS

If there are any special issues you would like us to address, please write them here.
