

The Tax Shoppe

2016 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

<i>Business Name</i>		<i>EIN</i>	
<i>Business Address</i>			
<i>Business Phone</i>	<i>Cell Phone #</i>	<i>E-mail</i>	

Business Entity Type: (select one below)

Sole Proprietor

Date of Formation: _____

Partnership

State(s) of Formation: _____

Corporation

S-Corporation

(provide copy of Election to be S-Corp Form 2553)

Contact Person

Who is your Registered Agent?

Estate / Trust

Non-Profit Organization

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

State LLC Formation (You must check one of the Boxes above as well)

If yes, please provide us with all copies of formation documents. (Federal and State)

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

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

Include a digital copy of return on a CD (\$5 add'l)

Pick up copy

Mail copy

Certified Mail(\$6)

PERSONAL PROTECTION PLAN (PPP), It's insurance you don't want to be without. It covers the cost of services should you receive an IRS or State paper audit 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..... \$39

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 add'l services, I will be billed at a rate of \$150/hour. (Average audit-3Hr)

Initial - I deny coverage

Payment Info
Due Prior to filing of return (Required)

CREDIT CARD			
MC / Visa / AMEX / Discover		<i>Signature</i>	
Name on Card & Billing Zip Code	CCID on back of card	Credit Card Number	Expiration Date

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Gross Receipts (Total Income including sales tax): _____

Total Auto Mileage		Fees / Licenses / Permits		Travel Exp(Air, Ground cost)	
Business Auto Mileage		Insurance incl. Health		Meals / Entertainment	
Tolls/Parking/Car Wash		Advertising		W-2's Issued / Salaries paid	
Purchase of Goods Sold		Cellular/Telephone		Sub Contractor/Casual labor (1099's)	
Opening Inventory		Tools Purch or Repair		Work Clothes/Uniforms	
Closing Inventory		Publications / Education		Safety Equip.	
Packaging, etc		Internet services		Utilities	
Postage/Freight		IT Services		Rent or Home Office (list below)	
Office Supplies & Equip		Equip Purchased/Leased		Gifts- Clients/Employees	
Repairs/Maintenance		Taxes paid, including sales tax		Misc. Expenses	

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

Home Office Expenses: utilities, repairs, maintenance, insurance, rent paid/or if owned, home mortgage & taxes. **New IRS ruling** allows, without detail, \$5 per square foot. So, all we need is the total square footage of your home office. If we use the expense method, we will need the total square footage of your home as well _____. In addition, all Direct Office Expenses (a desk, etc). These are 100% deductible.

***What does your company do or sell? Give us an idea of how the company makes its money: _____

COMMENTS/QUESTIONS/SPECIAL CONCERNS

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