

The Tax Shoppe

423; 'DWUKP GUU'EJ GEMNKUV'

Tax Shoppe, Inc. 423; 'DWUKP GUU'EJ GEMNKUV'

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Business Information	Business Name			EIN		
	Business Address Is this a new address? <input type="checkbox"/>					
	Business Phone		Cell Phone #		E-mail	

Dwukp guu'Gpuk V{r g*ugrge v'qpg'dgny + "F cvg'qh' { qw' { gct'gpf -aaaaaaaaaaaaaaaa (if other than 12/31/xx)

" Uqrg'Rtqr tkgvt'"/'Uej gf wrg'E" " " F cvg'qh'Hqto cvkp-aaaaaaaaaaaaaaaa

" Rctvpgtj kr'"/'Hqto "3287'" " " Ucvg'u'qh'Hqto cvkp-aaaaaaaaaaaaaaaa

" Eqtr qtcvkp'"/'Hqto "3342'" " " Eqpvce v'Rgtuq" aaaaaaaaaaaaaaaaa

" " " " " " " " " " " " "

" UEqtr qtcvkp'"/'Hqto "3342U" " " " " " " " " " " " "

*r tqxf g'eqr { 'qh'Grge vkp'q'dg'UEqtr 'Hqto "4775+" Y j q'ku' { qw'T gi kvrgf 'Ci gpv' aaaaaaaaaaaaaaaaa

" Gucv g'Vt wuv'"/'Hqto "3263" Rtqf wevUgtxleg'Rtqxf gf -aaaaaaaaaaaaaaaa

" " " " " " " " " " " " " " "

" Pqp/RtqhV'Qti cpl cvkp'"/'Hqto "; ; 2" " F q' { qw'j cxg'c'eqr { 'qh' { qw'hqto cvkp'f qewo gpwA[gu'" No

" " " " " " " " " " " " " " "

" Ucvg'NNE'Hqto cvkp' qw'o wu'ej gem'qpg'qh'v'j g********If yes, please provide us with all copies of formation documents***

*****Dqz gu'cdqxg'cu'y gm********(Federal and State)-New Clients MUST submit*** " " "

BUSINESS OWNERS (List names and ownership percentages)

Owner Name	Ownership %	U.S. Social Security #	U.S. State ID #	U.S. Tax ID #	U.S. Mailing Address
Eqpvce v'go dgt"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"

Kpnmf g'c'f'ki kcrleqr { 'qh'tgwtp' %&'cf f on' "EF" _____ Go ckr' _____

Rlen'w' "eqr { aaaaaa O ckrleqr { aaaaaa Egt whg' "O ckr' %&- aaaaaa"

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.

RRR'Dwukp guu' Rthelpi 'ceeqf lpi "q'Tgxpwg'<

Tgxpwg'vpf gt'722m' i i i i "85;"

Tgxpwg'qxtg'722m' i i i i 0086;"

Tgxpwg'qxtg'85'o knkpi i i 0087"

Uqrg'r tqr tkgvtu' lpenf g'RRR'qp'r'gtuqpcn'

tgwtpi i i i i i i i i i i "85;"

YES, I accept the Personal Protection Plan

I accept coverage

NO, I deny coverage

I deny coverage

Payment Info Due Prior to filing of return (Required)

CREDIT CARD					
MC	Visa	AMEX	Discover	Signature	
Á	Á	Á	Á		
Á	Á	Á	Á		
Pax' A) /Osaá/B/Oqjg' /Ej /Q' /A' A'			O' /A' /OsaáP' { 'A' }		Oq' /A' /Osaá" "

