

The Tax Shoppe

2019 BUSINESS CHECKLIST

Mail: 155 Lake St., Ramsey, NJ 07446

Fax: 201-327-4930

Email: contact@the-tax-shoppe.com

Questions? Call us at 201-327-4965

Business Information	<i>Business Name</i>		<i>EIN</i>
	<i>Business Address Is this a new address? Y N</i>		
	<i>Business Phone</i>	<i>Cell Phone #</i>	<i>E-mail</i>

Business Entity Type: (select one below)

- Sole Proprietor - Schedule C
- Partnership - Form 1065
- Corporation - Form 1120
- S-Corporation - Form 1120S
(provide copy of Election to be S-Corp Form 2553)
- Estate / Trust - Form 1041
- Non-Profit Organization - Form 990
- State LLC Formation (You must check one of the Boxes above as well)

Date of your year end: _____ (if other than 12/31/xx)

Date of Formation: _____

State(s) of Formation: _____

Contact Person _____

Who is your Registered Agent? _____

Product/Service Provided: _____

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

If yes, please provide us with all copies of formation documents. (Federal and State)-New Clients MUST submit

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 (\$5 add'l) CD _____ Email _____

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 \$175/hour. (Average audit-3Hr)

Initial - I deny coverage

Payment Info
Due Prior to filing of return (Required)

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

The Tax Shoppe

2019 BUSINESS CHECKLIST

Mail: 155 Lake St., Ramsey, NJ 07446

Fax: 201-327-4930

Email: contact@the-tax-shoppe.com

Questions? Call us at 201-327-4965

PAGE 2 (CONTINUED)

Gross Receipts (Total Income including sales tax): _____ (Attach PnL if available)

Total Auto Mileage		Fees / Licenses / Permits		Travel Exp(Air, Ground cost)	
Business Auto Mileage		Insurance (Not incl. Health)		Meals / Entertainment	
Tolls/Parking/Car Wash		Advertising		W-2's Issued (Do not incl owners)	
Purchase of Goods Sold		Cellular/Telephone		W-2's Issued to Owners	
Opening Inventory (if any) 01/01		Tools Purch or Repair		Sub Contractor/Casual Labor (1099's)	
Closing Inventory (if any) 12/31		Publications / Education		Work Clothes/Uniforms/Cleaning	
Packaging, etc		Health Insurance		Safety Equip	
Postage/Freight		IT Services/Internet		Utilities	
Office Supplies & Equip		Equip Purchased/Leased		Rent or Home Office (list below)	
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.
