The Tax Shoppe 2023 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

tion										
	Business Name		EIN							
ess Information										
	Business Address Is this a new address? Y N									
Busin										
Business Phone Cell Ph										
Bı	usiness Entity Type: (select one below	Date	Date of your year end:(<i>if other than 12/31/xx</i>)							
Sole Proprietor - Schedule C on 1040				Date of Formation:						
Partnership - Form 1065 (8879-PE)			State(s) of Formation:							
Corporation - Form 1120 (8879-C)			Conta	Contact Person						
(S-Corporation - Form 1120S (8879-C) (provide copy of Election to be S-Corp Form 2553) Who is your Registered Agent?									
(Estate / Trust - Form 1041 (8879-F)			Product/Service Provided:						
(Non-Profit Organization - Form 990 (8879-EO)			Do you have a copy of your formation documents? Yes No						
ſ	State LLC Formation (You mu	If ve	If yes, please provide us with all copies of formation documents.							
	Business Entities boxes above a		(Federal and State)-New Clients or any changes MUST submit							
BUSINESS OWNERS (If additional owners, please list on separate pa				Social Security Number Percentage of						
*Cor	ntact Member		TIO	Home Phone Store		(required) Ownership		Ownership		
	****Please provide Incon	ne Statement and	d Balar	nce Sheet if	sales and/c	or assets	over \$25	50,000****		
Hard Copy only Hard Copy & email \$5				Hard Copy Handling:						
Ema	Email Copy only Hard Copy & CD \$5			Pick up	Mail Certified Mail See website for fee					
	ONAL PROTECTION PLAN (PF ces should you receive an IRS	• •	-					the cost of		
PPP Business Pricing according to Revenue: YES! accept the Personal Protection Plan, Please No, I decline PPP. I understand that should I need										
Revenue under 500k\$39 Revenue over 500k\$49			preparatio	reparation fee. add'I services, I will be billed at a rate of \$175/hour. (Average audit-3Hr)						
Sole	Revenue over \$3 million			ial - I accept coverage						
Info ling of										
nent <mark>or to fi</mark>	MC / Visa / AMEX / Discover			Signature						
Payment Info Due Prior to filing of										

Name on Card & Billing Zip Code

Credit Card Number

CCID on back of card

Expiration Date

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PAGE 2 (CONTINUED) Name:_____

Gross Income (Total Income <u>NOT</u>including sales tax):____ or Income/Expense Summary)

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_____ (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	Heath 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

MUST provide copies of ALL 1099's received, 1099/1096's issued by you as well as Year End Pay Reports W-3/W-2's

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. <u>New IRS ruling</u> 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 (furnishings, pictures, paintings etc). These are 100% deductible.

***What is your company's service and/or product? Give us an idea of how the company makes money:_

COMMENTS/QUESTIONS/SPECIAL CONCERNS

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