

# The Tax Shoppe

## 2023 BUSINESS CHECKLIST

Mail: 155 Lake St., Ramsey, NJ 07446

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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)

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

Sole Proprietor - Schedule C on 1040

Date of Formation: \_\_\_\_\_

Partnership - Form 1065 (8879-PE)

State(s) of Formation: \_\_\_\_\_

Corporation - Form 1120 (8879-C)

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

State LLC Formation (You must check one of the Business Entities boxes above as well)

**If yes, please provide us with all copies of formation documents. (Federal and State)-New Clients or any changes 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			

**\*\*\*Please provide Income Statement and Balance Sheet if sales and/or assets over \$250,000\*\*\***

Hard Copy only _____	Hard Copy & email \$5 _____	<b>Hard Copy Handling:</b> Pick up _____ Mail _____ Certified Mail _____ See website for fee
Email Copy only _____	Hard Copy & CD \$5 _____	

### 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 concerning this return.

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)

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

