

# The Tax Shoppe

## 2025 BUSINESS CHECKLIST

\*Partnerships & S-Corps are due ***March 16<sup>th</sup>***

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		
Business Name	EIN	
Business Address Is this a new address? Y N		
Business Phone	Cell Phone #	E-mail

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 \_\_\_\_\_  
Email Copy only \_\_\_\_\_

Hard Copy Handling:

Pick up \_\_\_\_\_ Mail \_\_\_\_\_ Certified Mail \_\_\_\_\_ See website for fee

### 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

### CREDIT CARD

MC / Visa / AMEX / Discover

Signature

Payment Info  
Due Prior to filing of  
return (Required)

Name on Card & Billing Zip Code	CCID on back of card	Credit Card Number	Expiration Date
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**PAGE 2 (CONTINUED)** Name: \_\_\_\_\_

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**Gross Income (Total Income NOT including sales tax):** \_\_\_\_\_ **(ATTACH PnL if available or Income/Expense Summary)**

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 <b>or</b> 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. 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 (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.