

Business Tax Organizer Year _____

Business Information

Business Name: _____ **Federal ID #:** _____

DBA (if any): _____

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Telephone : _____

Business Activity: _____

Fax : _____

Service or Product: _____

Circle if Yes or No: (To be filed out by client)

Corporate Extension Filed? Y N When? __/__/__

- | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|------|-------|-------|------|------------|-----|---|---|
| 1. What type of corporation it is? (Circle one) | 1120 | 1120S | 1120F | 1065 | Sch C/1040 | 990 | | |
| 2. Is this business incorporated in Florida? (If not provide us with the state of incorporation) | | | | | | | Y | N |
| 3. Do you have a bank account used exclusively for business with cancelled checks or check register? | | | | | | | Y | N |
| 4. Do you have payments made from a personal account? | | | | | | | Y | N |
| 5. Do you have a current Balance Sheet? | | | | | | | Y | N |
| 6. Do you have a Profit and Loss? | | | | | | | Y | N |
| 7. Do you have an Asset Detail List? (Needed for Tangibles Tax Return) | | | | | | | Y | N |
| 8. Do you have to file Personal Property Taxes (Tangibles) | | | | | | | Y | N |
| 9. Do you accept credit card in your business? (If yes, provide us with form 1099K) | | | | | | | Y | N |
| 10. Do you pay outside Labor/ subcontractors? ? | | | | | | | Y | N |
| 11. Did you file any 1099s for subcontractors? (\$600 or over is required) | | | | | | | Y | N |
| 12. How many owners or shareholders? _____ | | | | | | | | |

Please provide each Owners or Shareholders information below:

Owner 1: _____ Social Security #: -- _____ Ownership %: _____

Address: _____

Owner 2: _____ Social Security #: _____ Ownership %: _____

Address: _____

Owner 3: _____ Social Security #: _____ Ownership %: _____

Address: _____ Date: _____

Client Signature: _____

Comment: _____

