



OFFICE USE ONLY: New Client Previous Client Copy of ID: Y N Deposit Paid? Y N \$ \_\_\_\_\_ Received By: \_\_\_\_\_

## 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: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_