www.cpaaccounting.biz
contactus@cpaaccounting.biz

BUSINESS TAX ORGANIZER YEAR: _____

OFFICE USE ONLY: New Client: **Yes:**__ **No:**__ | ID: **Yes:**__ **No:**__ | Deposit: **Yes:**__ **No:**__ **Amount: $**_____ | **Received:** _____

BUSINESS INFORMATION:

Business Name: _____ Federal ID# _____
DBA (if any): _____
Mailing Address: _____
Physical Address: _____
Email Address: _____
Telephone: _____ Fax: _____
Business Activity: _____ Service or Product: _____

PAYROLL REPORTS: please provide payroll reports or write in the following:

Officer Name: _____ Gross wages for **2024**: _____

SELECT TAX FORM: ☐ Form: **1040** ☐ Form: **1065** ☐ Form: **1120** ☐ Form: **1120S** ☐ Form: **990** ☐ **Schedule C**

PLEASE ANSWER: (Select **Yes** or **No**:)

YES NO

1. Corporate extension filed?
   a. If so, when? __/__/___ (or provide copy)
2. Is this business incorporated in Florida? (If not, provide us with the State Articles of Incorporation.)
3. Do you have a bank account used exclusively for business with cancelled checks or check register?
4. Do you have payments made from a personal account?
5. Do you have a current Balance Sheet?
6. Do you have a Profit & Loss? (Income & Expenses)
7. Do you have an Asset Detail List?
8. Do you have to file Personal Property Taxes? (tangibles)
9. Do you accept credit cards in your business? (if yes, provide us with form 1099K)
10. Do you have employees? (if yes, provide forms 940 & W3s)
    a. Which payroll report did you file:_____Number of W2 issued: _____
11. Do you file any 1099s for subcontractors? ($600 or over is required)
12. How many owners or shareholders? _____

OWNERS & SHAREHOLDERS: (please provide information below for each - ***Start with the tax return signee***)

Full Name	Social Security #	Gross Payroll:	Address:
1.	- -	$	
2.	- -	$	
3.	- -	$	

Client Signature: _____ **Date:** _____

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