

The Tax Shoppe

2017 BUSINESS CHECKLIST

Mail: 155 Lake St., Ramsey, NJ 07446

Fax: 201-327-4930

Email: the_tax_shoppe@yahoo.com

Questions? Call us at 201-327-4965

Business Information

<i>Business Name</i>		<i>EIN</i>	
<i>Business Address</i>		<i>Is this a new address? Yes No</i>	
<i>Business Phone</i>	<i>Cell Phone #</i>	<i>E-mail</i>	

Business Entity Type: (select one below)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> S-Corporation
(provide copy of Election to be S-Corp Form 2553)
<input type="checkbox"/> Estate / Trust
<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> State LLC Formation (You must check one of the Boxes above as well) | Date of Formation: _____
State(s) of Formation: _____

Contact Person
Who is your Registered Agent? _____
Product/Service Provided: _____
Do you have a copy of your formation documents? Yes "" "No
<u>If yes, please provide us with all copies of formation documents. (Federal and State)</u> |
|--|--|

BUSINESS OWNERS (If additional owners, please list on separate page)

Name and Address	Home Phone	Social Security Number (required)	Percentage of Ownership
*Contact Member			

Include a digital copy of return on a CD (\$5 add'l) _____ Pick up copy _____ Mail copy _____ Certified Mail(\$6) _____

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.

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)

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

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Gross Receipts (Total Income including sales tax): _____

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 / Salaries paid	
Purchase of Goods Sold		Cellular/Telephone		Sub Contractor/Casual labor (1099's)	
Opening Inventory (if any)		Tools Purch or Repair		Work Clothes/Uniforms/Cleaning	
Closing Inventory (if any)		Publications / Education		Safety Equip.	
Packaging, etc		Health Insurance		Utilities	
Postage/Freight		IT Services/Internet		Rent or Home Office (list below)	
Office Supplies & Equip		Equip Purchased/Leased		Gifts- Clients/Employees	
Repairs/Maintenance		Taxes paid, including sales tax		Misc. Expenses	

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 (a desk, etc). These are 100% deductible.

***What does your company do or sell? Give us an idea of how the company makes its money:

COMMENTS/QUESTIONS/SPECIAL CONCERNS

If there are any special issues you would like us to address, please write them here.