

Business / Other Intake Form

Business Owner Name(s): _____

Address: _____

Email Address: _____ Social Security Number(s): _____

Percentage of ownership for each partner, owner or member: _____

1.	How is the business(es) incorporated? (Type of incorporation: S-Corp, C-Corp or LLC ((taxed as: S-Corp, C-Corp, Partnership, or Schedule C: Disregarded entity?))			
2.	Is this the first year of filing a tax return?	YES	NO	
3.	State of incorporation. What year did you incorporate?	State _____		
4.	Briefly describe your products & services.			
5.	Does your spouse work in the practice?	YES	NO	
6.	How many children over the age of seven on your personal tax return? Do any of them work in the business?	# _____	YES	NO
7.	Who does your payroll reporting? (Example: ADP, Paychex, accountant or bookkeeper).			
8.	Check payroll type? General Business	Household/Nanny Non-Profit Org	Officer Only Clergy	Restaurant
9.	Do you use Cash or Accrual Accounting for your practice?	CASH	ACCRUAL	
10.	Do you collect sales tax?	YES	NO	
11.	Do you accept credit card payments?	YES	NO	
12.	Approximately how many check and debit card transactions do you have each month?			
13.	What information is being provided in order to complete the return? QuickBooks, Balance Sheet, Income Statement, Trial Balance, Other (specify).			
14.	How much W-2 salary do you pay yourself and your spouse?	YOU: \$ _____ SPOUSE: \$ _____		
15.	How many employees do you have full-time? Part-time? (complete company census).	_____ FULL-TIME _____ PART-TIME		
16.	Do you pay 1099 vendors? If yes, approximately how many?	YES # _____ NO		
17.	Approximately how many invoices do you generate each month?			
18.	Does your company provide health insurance? YES NO If yes, for whom?	YOU:	YES	NO
		YOUR SPOUSE/DEPENDENTS:	YES	NO
		YOUR EMPLOYEES:	YES	NO
19.	Does your business have a Flex Plan, 105 Plan, or other?	FLEX	105 PLAN	OTHER
20.	Do you own the building in which your practice is operating? If yes, how is it owned?	YES	NO	
21.	Do you have any form of retirement plan for your company? What kind?	YES	NO	
22.	Do you have any charitable intent in your annual company budget?	YES	NO	

23.	Does your business invest in other businesses or buy public stock as a business?		YES	NO	
24.	Did you mix business during vacation and deduct it? What did you spend on family vacations last year?		YES	NO	\$_____
25.	Have you ever had your business professionally valued? If yes, what was the value and the year the value was est.?	Value	YES	NO	
		Year			
26.	Do you have a home office or work from your home? What is the approx. sq.ft. of your home?		YES	NO	SQ.FT.
27.	Do you have a 2nd / vacation home?		YES	NO	
28.	Who owns your car? Your company or you personally? If personal, do you submit mileage invoices to the business?	Company	Personal	YES	NO
29.	Do you take the actual cost or mileage method on your vehicles?		COST	MILEAGE	NOT SURE
30.	Do you use a HELOC (Home Equity Line of Credit)?		YES	NO	
31.	Do you manufacture a product? If yes, is that product sold out of the US, Canada, Mexico, Overseas?		YES	NO	
		US	Canada	Mexico	Overseas
32.	Is this product used in the creation of another product (s). If yes, is that product sold outside the US.?		YES	NO	
		US	Canada	Mexico	Overseas
33.	Are you familiar with the concept of reasonable compensation?		YES	NO	
34.	Do you review financial statements and use them for business decisions?		YES	NO	
35.	List all major purchases this year that are not listed on current depreciation schedules.				
36.	What was your primary motivation for starting you own business?				
37.	What is your biggest challenge in operating your business?				
38.	Any specific question about your taxes that I can attempt to answer for you?				