# BUSINESS CLIENT INFORMATION SHEET

1. **Company Information**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID Number: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incorporation: MM\_\_\_\_\_\_\_\_\_DD\_\_\_\_\_\_\_\_\_YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial Return?\_\_\_\_\_\_\_\_\_\_\_\_ Date elected to be taxed as an S Corporation: MM\_\_\_\_\_\_\_\_\_DD\_\_\_\_\_\_\_\_\_YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Return?\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone #: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Partner Information**

Please complete the following as applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Name (As shown on social security card) | Address | Social SecurityNumber | % of Ownership |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Banking Information**

 Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Checking or Savings (please circle only one)

1. **ADDITIONAL INFORMATION**

Did IRS or any state or local government change a prior year’s return? NO YES

If yes, please enclose a copy of the government correspondence unless you have already done so.

Did you include all sources and potential sources of worldwide income? NO YES

Including, but not limited to, gambling winnings, prizes, and Uber/gig work.

At any time during, did the company have an interest in or a signature or other NO YES

authority over a bank or other financial account in a foreign country? ANY country

other than the U.S. is a foreign country. Foreign accounts include life insurance,

annuities, retirement accounts, and many others. For example, did anyone at the

company have signature authority for a foreign bank account or other foreign

financial account? This question does not deal with the ownership of foreign stocks

or bonds that are held in a U.S. financial account. Penalties in this area are extreme.

If yes, did the total value of all the company's foreign accounts exceed NO YES

$10,000 at any time during the year? If yes then please include details on each account.

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 Was the company the grantor of or transferor to a foreign trust that existed at

 any time during the tax year? Please answer yes even if the company did not

 have a beneficial ownership in the trust. NO YES

 If the company made any charitable contributions, does it have a receipt or bank

 record (cancelled check, credit card receipt, debit card receipt, etc.) for each listed NO YES

 contribution? If no, then the company is not entitled to a deduction and should

 indicate so in its records. There is an exception for contributions of less than $250

 when it is impractical to get a receipt or bank record. This will be extremely rare for a company.

 For all charitable contributions of $250 or more (i.e. over $249), does the company

 have a receipt that includes (this includes noncash contributions of household items):

 The name and address of the charity, complete description of the contribution,

 the dollar amount - if cash, the date/year of contribution, and a statement showing

 the value of anything you or the company received from the charity or a statement

 that the charity provided nothing in exchange for the donation. NO YES

 Does the company have records, as described below, to support expenses?

 Tax law and IRS regulations allow deductions for travel and meals ONLY

 if adequate records can be presented. Information must include:

 1) Amount; 2) Time and place; 3) Date; 4) Business purpose; 5) Description

 of gift(s); and 6) Business relationship of recipient. NO YES

 Was the company required to issue forms 1099-MISC to landlord(s) and Form

 1099NEC to subcontractors and other service providers (CPA, attorney, consultants,

 cleaning services, etc.)? NO YES

 If yes, did the company already issue the forms 1099-MISC and 1099-NEC? NO YES

 Did the company provide health insurance to its employees? This includes if the

 company reimburses one or more employee(s) for personal health insurance.

 If so, we will need more information. NO YES

 Are all owners legal U.S. residents or U.S. Citizens? If no, please provide details. NO YES

 Did the company receive a PPP loan, an EIDL loan, other COVID grants or loans,

 or have employees who were unable to work due to COVID-19? NO YES

#####  SIGNATURE

#### ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**