# Administrative Benefits, Inc. Since 1991



# **Business Qualification Form**

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**Employer Data** 

Full Legal Business Name:									
Type of Business:   C Corp  Sole Proprietorship  LLC  Non-Profit  Other_									
Business Address:				City:				State:	Zip:
Address on tax returns (if different):				City:				State:	Zip:
Business Owner Name:									
Date of Birth:	Phon	e:		Fax:		Email:			
Nature of Business:				Sic Cod	de:			Total Emplo	yees:
Federal Tax ID #:		Date Bu	usiness S	Started: Tota			Total Full-Tir	ne Employees:	
Names & Address of Additi			Subsidia	aries / Af	filiates	:			
Name:		Address:							
Name:		Address:							
Nome		Address:							
Name:		Address.							
Names & DOB of all membe children's DOB if applicable		ax forms a	and						
Name:		DOB	3:	Nam	ie:				DOB:
Name:		DOB	3:	Nam	ne:				DOB:
Name:		DOB	3:	Nam	ne:				DOB:
Name:		DOB	3:	Nam	ne:				DOB:
Name:		DOB	3:	Nam	ne:				DOB:
Name:		DOB	3:	Nam	ne:				DOB:

**Questions: Part I**Use blanks below each question to explain the answers in detail. Please attach additional pages if necessary.

1	Does the business or its owner(s) owe any back taxes?
2	When a client has a special request does the business have to custom design the solution? How often does this occur?
3	Is there a wholesale component to the business?
A	At any time over the past 3-5 years:
4	Has the business improved or upgraded its website, instigated any social media campaigns, or changed, adjusted, improved or upgraded an E-commerce site?
5	Conducted any experimentation with your business? Tested new materials, supplies, chemicals, etc.?
6	Contracted with other companies to conduct any experimentation for process testing for procedures that would
0	be associated with your business (testing chemical processes, design, packaging, layout, compounding, etc.)?
7	Exported any product to other countries?
8	Made any changes to any procedures or processes?
	Paradamantaman di manadamanta bandan ang da bandan ang
9	Developed any new innovation or changes to business systems?
10	Has the business owner or any key employees participated in training in person or via the internet (workshops,
	seminars, conferences)?

_11	Taken any financial risk with the business?
12	Do you offer Employee Penefite (Medical Petirement etc.) Are the benefite are toxed?
12	Do you offer Employee Benefits (Medical, Retirement, etc.) Are the benefits pre-taxed?
Ad	ditional Information Use the box below for any additional information or attach separate sheet

# **Questions: Part II**

For establishing Qualified Research Activities for the Research and Experimentation Tax Credit the following must be true: Your company **designs**, **develops or improves** a business component that relies on **biology**, **physical sciences**, **computer science**, **or engineering**. The experimentation and research done, must clearly illustrate efforts to discover results related to developing a new or improved function, **performance**, **reliability or quality** of the business component whether it is a **process**, **technique**, **formulation**, **software or invention**.

In order to quantify expenses related to these qualifying research activities, please fill out the matrix below. If the company has more than 5 possible Qualifying Activities, please submit additional activities and a description of expenses with the qualification form on an additional piece of paper. Please list the top 5 employees and their salaries. If the company has more employees than 5 associated with any qualifying activity please document in the comments section or explain on a separate piece of paper the number of employees or departments and the sum of salaries of all employees. Leave End date blank for all activities that continue in perpetuity or which are still ongoing.

Related Questions From Part I	Employee	Annual Salary	% of time Spent on the QRA	Year
Related				
Questions From Part I	Supp	Cost	Year	
From Parti				
Related Questions From Part I	Contract Compan	Cost	Year	

dditional Notes	:		
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# **Consultant Information**

Consultant Name: Steve Prince				
Street: 2887 Montreaux Dr	City: Frisco	State: TX	Zip: 75034	
Phone #: 972-670-8788 Fax #:			Email: sprince@abihr.net	
I have explained to the Employer that this confidential information will not be shared or disclosed to any other third party except the employees/associates of American Incentive Advisors (AIA) who have a need to know. This policy will also govern all communications between the parties, including fax, email and secure online uploads. I have further explained that as a field consultant of AIA, I am not a tax professional and do not give financial, legal, or tax advice. I have further advised client they should consult their tax advisor and/or attorney as needed.				
Signature of Consultant Nigel DeAngelis	Digitally sig	ned by Steve Prince 06.19 14:37:44 -05'00'		Date:

# **Employer Signature**

#### Overview

Incentive programs that could be available for your company include but are not limited to, Section 41 Research & Experimentation Credits, Energy EP Act 179D, as well as Hiring-based Incentives, Federal HUD Zone Credits, State Location-based Credits, and Employee Reimbursement Incentives.

#### **Disclosures**

American Incentive Advisors, LLC (herein referred to as AIA) is a consulting firm. I understand that field consultants of AIA are not tax professionals and do not give financial, legal or tax advice. The above signed consultant is a marketing partner of AIA whose role is to inform you of the services available through AIA and to collect data necessary to conduct a feasibility study. Please consult with your attorney and/or tax advisor as needed. AIA may subcontract CPAs, MBAs, PHDs, Engineers, Manufacturing Specialists, Software Developers, Accounting Professionals and Tax Attorneys to find refunds, deductions, credits and incentives businesses can claim.

Our team of experts identify, quantify, qualify, and calculate the refunds due our clients. We will answer any questions and provide backup data for any inquiry.

## **Credit Projection Report**

AIA will perform the following in order to evaluate, analyze and procure your eligible incentives:

- Determine company qualification for specialized incentive programs
- Collect documentation in order to determine company utilization of incentives
- Establish total fee to procure benefit(s)

# **AGREED TO and ACCEPTED**

Company agrees to provide the necessary documentation for this study which will be done at NO CHARGE.

Based on information provided in this qualification form along with your company tax returns, once analyzed, your field consultant will contact you with a conservative estimate of credits that AIA projects will be available to you in the form of repayment of overpaid taxes from a federal and/or state tax authority. If you wish to contract AIA to proceed, a consulting agreement and CPA engagement letter will be offered with further details, fees and expectations. We do not accept any project unless we determine the incentives, credits, or deductions are valid for the particular business and the client qualifies for the refunds.

All the documentation is prepared so the client can apply the credits to past or current tax liability. Credits arrive in the form of a refund check. The credits may also be carried forward to offset tax liability in the future. If any credit we calculated is denied for any reason we will refund that portion of our fee.

## **Confidentiality Information**

In order for American Incentive Advisors, LLC and it's subcontractors to conduct their review and determination of qualification for various State and Federal tax credits, certain CLIENT information will be made available to AIA, its field consultants and subcontractors which may include State and Federal Income Tax Returns and other supplementary information.

Whereas, the CLIENT has agreed to furnish these confidential records, AIA and its agents, agree to hold confidential or proprietary information in trust and confidence and agrees that it shall be used only for the contemplated purposes necessary.

Should a Consulting Agreement be signed by the two parties, AIA will make third party disclosures to the State Taxing Authority and/or Internal Revenue Service for the purpose of securing tax credits and/or refunds for the CLIENT.

This confidential information will not be shared or disclosed to any other third party except the employees/associates of who have a need to know. This policy will also govern all communications between the parties, including fax and e-mail. CLIENT gives referring field consultant permission, as a conduit to AIA and subcontractors of AIA, to receive and deliver the completed documents.

Dated at (City / State):	Date (Month / Day / Year):				
Full Legal Business Name:					
Signature (Must be signed by authorized business owner):					
Print Name:					