

DROP-OFF FORM

Corporation & Partnership Returns

Date of Drop-Off: _____

Name of Partnership or Corporation: _____

Name of Contact Person for the company: _____

Address of Company: _____

Phone number for Contact Person: _____

Secondary phone number: _____

For Partnerships & S-Corps, please list the following information for each partner and/or officer of the company. Attach as many as necessary for those who will receive a percentage of income profit and/or loss.

Name:	
Address:	
Social Sec. #:	
Percentage of ownership:	

Name:	
Address:	
Social Sec. #:	
Percentage of ownership:	

Please attach a copy of the amount of the bank balance in the business account on December 31st or provide the amount here: \$ _____

Were any new loans taken out during the year? (Please circle) YES or NO

If so, for how much? \$ _____

Who is responsible for repayment? (Please circle) THE COMPANY or AN INDIVIDUAL

If it is an individual, please name the person responsible: _____

What is the TOTAL amount of all debts the company had on December 31st?
\$ _____

Were any new assets purchased for the year? YES or NO

If so, please list the assets below and how much was paid for them.

Name of Asset	Amount Paid

Were there any distributions of cash to any of the owners? YES or NO

If so, please name the owner(s) and the amount(s) taken from the business account.

Name of Owner	Amount Distributed

If the company has inventory, what was the value at cost of the inventory you had on December 31st? \$ _____

Did your company receive an Employee Retention Tax Credit refund?
(Please circle) YES or NO

If so, what was the amount of the ERTC refund?

\$ _____