

GENERAL INFORMATION

S-Corporation Name: _____

DBA: _____

Business Address: _____

Business Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Resident State:** _____

S Election Effective Date: ____/____/____ **EIN#:** _____

Type of Business Activity: _____

Date of Incorporation: ____/____/____

TAX ELECTION AND FILINGS

Is the corporation electing to be an S-Corporation beginning this year?

☐ Yes ☐ No

Check **any** that apply:

☐ Final Return

☐ Amended Return

☐ Name Change

☐ S Election Termination or
Revocation

☐ Address Change

OFFICER INFORMATION

Full Name: _____

Choose a 5-Digit Pin: _____ **Phone Number:** _____

Title: _____ **SSN/EIN:** _____

Email Address: _____

SHAREHOLDERS INFORMATION

Shareholder's Name: _____ Ownership%: _____

SSN/EIN#: _____ E-Mail: _____

Shareholder's Address: _____

City: _____ State: _____ Zip Code: _____

_____ Number of Shares Owned (beginning of tax year)

_____ Number of Shares Owned (end of tax year)

\$ _____ Wages Paid

\$ _____ Health Insurance Premiums Paid For

\$ _____ Capital Contributions made by Shareholder

\$ _____ Distributions made to Shareholder

\$ _____ Shareholder Loans to the Corporation

\$ _____ Loans Repaid by the Corporation to the Shareholder

Shareholder's Name: _____ Ownership%: _____

SSN/EIN#: _____ E-Mail: _____

Shareholder's Address: _____

City: _____ State: _____ Zip Code: _____

_____ Number of Shares Owned (beginning of tax year)

_____ Number of Shares Owned (end of tax year)

\$ _____ Wages Paid

\$ _____ Health Insurance Premiums Paid For

\$ _____ Capital Contributions made by Shareholder

\$ _____ Distributions made to Shareholder

\$ _____ Shareholder Loans to the Corporation

\$ _____ Loans Repaid by the Corporation to the Shareholder

If there are more shareholders, please include additional page 2's.

PAYROLL & ACCOUNTING INFORMATION

Payroll Information

Total Number of Employees: _____

Total Wages Paid: \$ _____

1. **Payroll Provider?** (ADP, Gusto, Paychex etc): _____

2. **Accounting Software?** (Quickbooks, Excel etc): _____

3. **Do we currently maintain your bookkeeping?** ☐ Yes ☐ No

If **Yes**, you can skip the income and expense sections.

If **No**, and you self-prepare your bookkeeping and would like to grant us access, please invite us as a user: cs@thetaxoffice.us

4. **Accounting Method:** ☐ Cash ☐ Accrual ☐ Other (specify) _____

5. **Did you make payments last year that would require filing form 1099?**

☐ Yes ☐ No

If **Yes**, did you or will you file all required form(s) 1099?

☐ Yes ☐ No

ESTIMATED TAX PAYMENTS

Did you make any estimated tax payments last year? ☐ Yes ☐ No

Payment Type: ☐ ACH ☐ Cash ☐ Check ☐ EFTPS

If by **ACH**, Account Number: _____

If by **EFTPS**, Payment Number: _____

Estimated Tax Payment Date: ____/____/____ **Amount:** \$ _____

Estimated Tax Payment Date: ____/____/____ **Amount:** \$ _____

Estimated Tax Payment Date: ____/____/____ **Amount:** \$ _____

Estimated Tax Payment Date: ____/____/____ **Amount:** \$ _____

INCOME INFORMATION

\$ _____ **Total Gross Income From Sales**

\$ _____ **Returns and Allowances** (Refunds or Reductions in Price)

\$ _____ **Total Assets**

\$ _____ **Total Liabilities**

COST OF GOODS SOLD

Businesses such as **restaurants, retail sellers** and **manufacturers** generally must account for **Cost of Goods Sold**. **'COGS'** includes all costs associated with manufacturing a product or purchasing a product for resale.

Do you manufacture or produce a product for sale to customers?

☐ Yes ☐ No

Do you operate a wholesale or retail business where you maintain inventory?

☐ Yes ☐ No

\$ _____ **Inventory at Beginning of Year**

\$ _____ **Cost of Purchases**

\$ _____ **Cost of Labor**

\$ _____ **Materials & Supplies**

\$ _____ **Other costs of goods not listed above (please provide details)**

\$ _____ **Inventory at End of Year**

VEHICLE INFORMATION #1

Vehicle #1 Year: _____ Make: _____ Model: _____

Date Placed in Service: ____/____/____ Purchase Price \$: _____

Business Miles Driven: _____ Non-Business Miles Driven Last Year: _____

(Please provide Total Annual Costs per vehicle):

\$ _____ Tolls & Parking Fees

\$ _____ Car Washes

\$ _____ Gas / Fuel

\$ _____ License Plate

\$ _____ Lease Payments

\$ _____ Oil Changes

\$ _____ Tire Change

\$ _____ Vehicle Insurance

\$ _____ Vehicle Rentals

\$ _____ Maintenance & Repairs

VEHICLE INFORMATION #2

Vehicle #2 Year: _____ Make: _____ Model: _____

Date Placed in Service: ____/____/____ Purchase Price \$: _____

Business Miles Driven: _____ Non-Business Miles Driven Last Year: _____

(Please provide Total Annual Costs per vehicle):

\$ _____ Tolls & Parking Fees

\$ _____ Car Washes

\$ _____ Gas / Fuel

\$ _____ License Plate

\$ _____ Lease Payments

\$ _____ Oil Changes

\$ _____ Tire Change

\$ _____ Vehicle Insurance

\$ _____ Vehicle Rentals

\$ _____ Maintenance & Repairs

VEHICLE INFORMATION #3

Vehicle #3 Year: _____ Make: _____ Model: _____

Date Placed in Service: ____/____/____ Purchase Price \$: _____

Business Miles Driven: _____ Non-Business Miles Driven Last Year: _____

(Please provide Total Annual Costs per vehicle):

\$ _____ Tolls & Parking Fees

\$ _____ Car Washes

\$ _____ Gas / Fuel

\$ _____ License Plate

\$ _____ Lease Payments

\$ _____ Oil Changes

\$ _____ Tire Change

\$ _____ Vehicle Insurance

\$ _____ Vehicle Rentals

\$ _____ Maintenance & Repairs

BUSINESS EXPENSES: Part I

(Please provide Total Annual Costs):

\$ _____ Advertising (cards, flyers)	\$ _____ Pension and Profit-Share
\$ _____ Commissions and Fees	\$ _____ Rental (vehicles/machinery)
\$ _____ Contract Labor	\$ _____ Rent or Lease
\$ _____ Depletion (farm loss)	\$ _____ Repairs & Maintenance
\$ _____ Employee Benefit Programs	\$ _____ Supplies
\$ _____ Business Insurance	\$ _____ Taxes and Licenses
\$ _____ Interest (bank mortgage)	\$ _____ Travel (hotel, flight etc)
\$ _____ Interest (other)	\$ _____ Business Meals
\$ _____ Legal and Professional Fees	\$ _____ Business Utilities
\$ _____ Office Expense	\$ _____ Employee Wages

BUSINESS EXPENSES: Part II

(Please provide Total Annual Costs):

\$ _____ Alarm & Security System	\$ _____ Garbage / Disposal
\$ _____ Bank Fee (charged monthly)	\$ _____ Health Insurance Premiums
\$ _____ Books & Magazines	\$ _____ Internet
\$ _____ Business Meetings & Events	\$ _____ Interviews
\$ _____ Camera & Equipment	\$ _____ Janitorial / Cleaning
\$ _____ Cellphone Bill & Accessories	\$ _____ LLC Filing Costs
\$ _____ Computer Hardware	\$ _____ Machinery
\$ _____ Client Gifts	\$ _____ Membership Dues
\$ _____ Delivery Shipping & Postage	\$ _____ Office Furniture
\$ _____ Dry Cleaning / Laundry	\$ _____ Office Signs / Signage
\$ _____ Education / Seminars	\$ _____ Permits & Certifications

BUSINESS EXPENSES: Continued

\$ _____ Printer & Ink	\$ _____ Streaming Services
\$ _____ Safety Equipment (fire ext.)	\$ _____ Transportation (bus, uber)
\$ _____ Seller Fees (square, paypal)	\$ _____ Tools / Toolbox
\$ _____ Software (adobe, canva etc)	\$ _____ Uniforms / Business Attire
\$ _____ Sponsorships	\$ _____ Website

Other Business Expenses (please describe):

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

AUTHORIZATION AND SIGNATURE

By signing below, you authorize The Tax Office to prepare and file all necessary tax documents on behalf of your S-Corporation for the listed tax year, and you certify that the information provided in this form is accurate and complete to the best of your knowledge.

Signature: _____ Date: ____/____/____

The Tax Office

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Jacksonville FL 32216, USA
(904) 577-0086

 cs@thetaxoffice.us

 www.thetaxoffice.us