

Please fill out and return this form with your tax documents.

Tax preparation will not begin without this form on file.

Located at: 15601 Freyburg Drive, Wapakoneta

1120 / 1120S / 1065 Tax Return Information

Entity Name:				
Federal I.D Number:				
Primary Contact:				
Fisal Year End:	Date Incorporated:	State Incorporated:		
Date Business Began: Business Activity Type:				
Number of Shareholders:	Business Represe	ntative:		
Signing Officer:	Signi	ng Officer SSN:		
Signing Officer Phone Nu	ımber:			
Physical Company Addres	ss:			
City	State	Zin Code:		



1120 / 1120S Returns:

Officer Information				
Officer Type:				
Address:				
City:	State:	Zip:		
Officer Type:				
	SSN:			
Address:				
		Zip:		
20% Direct or 50% Dire	ct/Indirect Owners			
Ownership %:				
Name:	SSN:			
Address:				
		Zip:		
Ownership %:				
	SSN:			
Address:				
City		Zip:		

^{*}Use the back of this form for additional Officers or Owners.



1065 Partnership Returns:

Partnership %:	Type of Partner:		
Name:	SSN:		
Address:			
City:			
Partnership %:	Type of Partner:		
Name:	SSN:		
Address:			
City:			
Partnership %:	Type of Partner:		
Name:	SSN:		
Address:			
City:			
Partnership %:	Type of Partner:		
Name:	SSN:		
Address:			
City:			
Partnership %:	Type of Partner:		
Name:	SSN:		
Address:			
City:			

^{*}Use back of this form for additional partners