

**INTERVIEW FORM FOR BUSINESS TAXES**

**\*\*PLEASE COMPLETE ALL INFORMATION REQUESTED ON ALL FORMS APPLICABLE TO YOUR TAX RETURN, SO AS TO NOT DELAY YOUR APPOINTMENT\*\***

**Business Name:** \_\_\_\_\_

**Business EIN#** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name of Business Owner:** \_\_\_\_\_ **Owner's SSN#:** \_\_\_\_\_

**Owner's Cell #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Business ownership percentage:** \_\_\_\_\_ %

**Date business was incorporated:** \_\_\_\_\_

**Company profession:** \_\_\_\_\_

**Business Classification(please check box):**  1065  1120  1120-S  1040 with Schedule C

**Does your business file state of Florida F-1120 (yes or no)?** \_\_\_\_\_

**\*\*\* FOR 1065 PARTNERSHIP PLEASE PROVIDE BUSINESS PARTNERS NAME, FULL SSN#,HOME ADDRESS & PERCENTAGE OF OWNERSHIP**

**Name of Business Partner:** \_\_\_\_\_ **Partner SSN#:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Business ownership percentage:** \_\_\_\_\_ %

**Name of Business Partner:** \_\_\_\_\_ **Partner SSN#:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Business ownership percentage:** \_\_\_\_\_ %