

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: _____ %