Business / Other Intake Form

Business Owner Name(s):				
Address:				
Email	Address:Soci	al Security Number(s):		
Perce	Percentage of ownership for each partner, owner or member:			
1.	How is the business(es) incorporated? (Type of incorporation: S-Corp, C-Corp or LLC ((taxed as: S-Corp, C-Corp, Partnership, or Schedule C: Disregarded entity?))			
2.	Is this the first year of filing a tax return?	YES NO		
3.	State of incorporation. What year did you incorporate?	State		
4.	Briefly describe your products & services.			
5.	Does your spouse work in the practice?	YES NO		
6.	How many children over the age of seven on your personal tax return? Do any of them work in the business?	# YES NO		
7.	Who does your payroll reporting? (Example: ADP, Paychex, accountant or bookkeeper).			
8.	Check payroll type? General Business	Household/Nanny Officer Only Restaurant Non-Profit Org Clergy		
9.	Do you use Cash or Accrual Accounting for your practice?	CASH ACCRUAL		
10.	Do you collect sales tax?	YES NO		
11.	Do you accept credit card payments?	YES NO		
12.	Approximately how many check and debit card transactions do you have each month?			
13.	What information is being provided in order to complete the return? QuickBooks, Balance Sheet, Income Statement, Trial Balance, Other (specify).			
14.	How much W-2 salary do you pay yourself and your spouse?	YOU: \$ SPOUSE: \$		
15.	How many employees do you have full-time? Part-time? (complete company census).	FULL-TIMEPART-TIME		
16.	Do you pay 1099 vendors? If yes, approximately how many?	YES # NO		
17.	Approximately how many invoices do you generate each month?			
18.	Does your company provide health insurance? YES NO If yes, for whom?	YOU: YES NO YOUR SPOUSE/DEPENDENTS: YES NO YOUR EMPLOYEES: YES NO		
19.	Does your business have a Flex Plan, 105 Plan, or other?	FLEX 105 PLAN OTHER		
20.	Do you own the building in which your practice is operating? If yes, how is it owned?	YES NO		
21.	Do you have any form of retirement plan for your company? What kind?	YES NO		
22.	Do you have any charitable intent in your annual company budget?	YES NO		

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23.	Does your business invest in other businesses or buy public stock as a business?	YES NO
24.	Did you mix business during vacation and deduct it? What did you spend on family vacations last year?	YES NO \$
25.	Have you ever had your business professionally valued? If yes, what was the value and the year the value was est.?	Value YES NO Year
26.	Do you have a home office or work from your home? What is the approx. sq.ft. of your home?	YES NO SQ.FT.
27.	Do you have a 2nd / vacation home?	YES NO
28.	Who owns your car? Your company or you personally? If personal, do you submit mileage invoices to the business?	Company Personal YES NO
29.	Do you take the actual cost or mileage method on your vehicles?	COST MILEAGE NOT SURE
30.	Do you use a HELOC (Home Equity Line of Credit)?	YES NO
31.	Do you manufacture a product? If yes, is that product sold out of the US, Canada, Mexico, Overseas?	YES NO US Canada Mexico Overseas
32.	Is this product used in the creation of another product (s). If yes, is that product sold outside the US.?	YES NO US Canada Mexico Overseas
33.	Are you familiar with the concept of reasonable compensation?	YES NO
34.	Do you review financial statements and use them for business decisions?	YES NO
35.	List all major purchases this year that are not listed on current depreciation schedules.	
36.	What was your primary motivation for starting you own business?	
37.	What is your biggest challenge in operating your business?	
38.	Any specific question about your taxes that I can attempt to answer for you?	