



Business Information

Name of Business		Employer ID Number (EIN)	
Address			
Contact Individual		Phone #	
E-mail		Alt. #	
Type of Entity Check One:	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship		
Business Activity		Date Business Started	
Business Product or Service		Business Code	
Is this business a Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill out page 3)			
Method of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (Describe): (Check One)			

Corporation Information

State of Incorporation		State ID Number:		Date of Incorporation	
If this is an S-Corporation, please provide a copy of IRS Form 2553 and a copy of the IRS acceptance letter allowing S-Corporation status. (If readily available)					Date of S-Corp:

Partners / Shareholders

Name	Tax ID (SS#)	Address	Ownership%

Additional Information & Documents Preferred (If readily available)

- If you are a new client, please provide a complete copy of your prior year tax return (including the state return if applicable).
- If this is the first year of the entity's existence, please provide accurate state incorporation or partnership agreement information.
- Please provide the income statement for the year (per the books), including the balance sheet, depreciation schedule and cash reconciliation of the business checking accounts with the ending balance for the year.
- If the business has employees, please provide copies of payroll returns and copies of all W-2s.
- If the business employed independent contractors or made payments to unincorporated service suppliers, please provide copies of all 1099-MISCs issued. If not yet prepared, provide names, addresses, SSNs and amounts paid so this office can prepare them for you.
- If there were withdrawals of capital by the owners during the year, please provide the details. Note, if this entity made distributions and is a C-Corporation, Forms 1099-DIV may be required.
- If any of the partners or shareholders are residents of a different state or reside outside the U.S., please provide details. Note: the business may be subject to withholding requirements or be required to file multiple state returns if the business was conducted in more than one state.

Manual Profit & Loss

This section is **ONLY** for those business that do not maintain an automated bookkeeping system that provides a profit and loss statement, balance sheet and bank cask reconciliation of the business checking accounts with the ending balance of the year.

Income	Amount	Cost of Goods Sold (For Manufacturing)	Amount
Sales		Inventory at Beginning of Year	
Services		Purchases	
1099 Income (Provide Copies)		Cost of Labor	
Other:		Other Costs	
Total Income		Inventory at End of Year	

Expenses			
Business Expenses	Amount	Business Expenses	Amount
Accounting		Taxis	
Advertising		Telephone	
Bank Charges		Training	
Business Cards		Transportation (Local)	
Cell Phone		Utilities	
Commissions and Fees		Wages (W-2)	
Computer Purchase		Other:	
Contract Labor (1099 Employees)		Other:	
Dues and Subscriptions		Other:	
Education			
Employee Benefits		Business Assets	
Employee Health Care Plans		Equipment more than \$100	
Entertainment & Business Meals		Description of item (include date):	
Equipment – Less than \$100 per item			
Fees			
Gifts to Clients			
Insurance		Vehicle Expense	
Interest – Other		*Not Including Daily Commute	
Internet / Cable		Lease amount per month	
Legal & Professional		<i>If Purchased:</i>	
Licenses & Permits		Total price of vehicle	
Lodging		Gas	
Metro Card / Public Transit		Parking and Tolls	
Office Expense		Maintenance / Repairs	
Office Supplies		Overall Mileage	
Parking and Tolls		Business Mileage	
Pension Plan Fees		<i>A diary of mileage is required</i>	
Postage & Shipping			
Publications		Home Office Expense	
Rent – Equipment		Total Square footage of home	
Rent – Other		Square footage of office	
Repairs & Maintenance		Rent	
Seminar & Conferences		Utilities	
Software		Phone	
Supplies		Internet / Cable	
Taxes – Payroll (Provide W-3 Form)		Insurance	
Taxes – Sales		Improvements to office	
Taxes – Property		Other:	

*Please list all other expenses not shown on separate page

Rental Income / Expense Sheet

PROPERTY	DESCRIPTION OF PROPERTY	ADDRESS
A		
B		
C		
D		

	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
INCOME				
RENTS:				
OTHER:				
EXPENSES				
ADVERTISING				
AUTO				
TRAVEL				
CLEANING/MAINTENANCE				
COMMISSIONS				
INSURANCE				
LEGAL & PROFESSIONAL				
MANAGEMENT FEES				
MORTGAGE INTEREST (Provide form 1098)				
REPAIRS				
SUPPLIES				
REAL ESTATE TAX				
WATER				
GAS				
ELECTRIC				
OTHER UTILITIES				
ASSOCIATION FEES				
OTHER (e.g. lawn care, pest removal, snow removal, etc.)				

CAPITAL IMPROVEMENTS

If during the year you purchased equipment, furniture or made Property Improvements list below

		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
DESCRIPTION	DATE	COST	COST	COST	COST

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

DESCRIPTION	DATE	DATE ACQUIRED	ORIGINAL COST	DATE SOLD	AMOUNT RECEIVED

Questions Related to All Types Businesses	
• Are you a new client if so, please provide a complete copy of your prior year tax return (including the state return if applicable).	<input type="radio"/> Yes <input type="radio"/> No
• At any time during the year, did this business have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank, securities or other financial account)?	<input type="radio"/> Yes <input type="radio"/> No
• During the year, did this business have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the loan?	<input type="radio"/> Yes <input type="radio"/> No
• Was there any change in determining quantities, cost or valuations between opening and ending inventory?	<input type="radio"/> Yes <input type="radio"/> No
• Was there any write-down of subnormal goods as described in Regulations Sec 1.471-2(c)?	<input type="radio"/> Yes <input type="radio"/> No
• Do the IRC Sec 263A uniform capitalization rules apply to this business?	<input type="radio"/> Yes <input type="radio"/> No
• Does this business have any foreign partners or shareholders?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business pay any taxes to a foreign government during the tax year?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business purchase any nonconventional source fuel during the tax year?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business pay any expenses during the tax year to make the business accessible or usable by individuals with disabilities?	<input type="radio"/> Yes <input type="radio"/> No
• Did this employer pay any FICA on employee wages for tips above minimum wage?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business incur any research and experimental expenditures during the tax year?	<input type="radio"/> Yes <input type="radio"/> No
• Does this business own any residential rental buildings providing qualified low-income housing?	<input type="radio"/> Yes <input type="radio"/> No
• During the current tax year, did this business hire any new employees from one of the following targeted groups: veterans or unemployed veterans, disconnected youth, ex-felons, vocational rehabilitation referrals, high-risk or summer youths, or AFDC, food stamp or SSI recipients?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business incur start-up expenses for a small employer pension plan this year?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business hire any employees who were unemployed (except for 40 hours) during the 60-day period	<input type="radio"/> Yes <input type="radio"/> No
• Does this business provide child care facilities or services to its employees?	<input type="radio"/> Yes <input type="radio"/> No
• Did this business purchase an alternative fuel vehicle during the year?	<input type="radio"/> Yes <input type="radio"/> No
• Does this business qualify for one of the many special fuels credits?	<input type="radio"/> Yes <input type="radio"/> No
• List any other business credit this business may qualify for:	
• Has this business filed, or is it required to file, Form 8918, A Material Advisor Disclosure Statement?	<input type="radio"/> Yes <input type="radio"/> No

Questions Related to Partnerships	
• At any time during the year, was any partner in this partnership a disregarded entity, a partnership, a trust, an S corporation, an estate or a nominee or similar person?	<input type="radio"/> Yes <input type="radio"/> No
• At the end of the year, did any foreign or domestic corporation, partnership or entity treated as a partnership, trust, individual or estate own directly or indirectly 50% or more of the profit, loss or capital of the partnership?	<input type="radio"/> Yes <input type="radio"/> No
• At year-end, did this partnership own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?	<input type="radio"/> Yes <input type="radio"/> No
• Was there a distribution of property or a transfer of partnership interest by sale or death during the tax year?	<input type="radio"/> Yes <input type="radio"/> No
• Is this partnership a publicly-traded partnership as defined in Section 469(k)(2)?	<input type="radio"/> Yes <input type="radio"/> No
Name of Tax Matters Partner:	
Tax ID Number:	
Address of Tax Matters Partner:	

Questions Related to Corporations

• Is this corporation a member of a controlled group of corporations? If yes, provide details.	<input type="radio"/> Yes <input type="radio"/> No
• Is this corporation a personal holding company?	<input type="radio"/> Yes <input type="radio"/> No
• Is this corporation a qualified personal service corporation?	<input type="radio"/> Yes <input type="radio"/> No
• Is this corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If yes, provide details of all other related corporations.	<input type="radio"/> Yes <input type="radio"/> No
• At the end of the year did any foreign or domestic corporation, partnership, trust, estate, tax-exempt organization or individual own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote?	<input type="radio"/> Yes <input type="radio"/> No
• At the end of the year, did this corporation own directly 20% or more, or own directly or indirectly 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?	<input type="radio"/> Yes <input type="radio"/> No
• At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?	<input type="radio"/> Yes <input type="radio"/> No
• Has this corporation made any estimated tax payments for the current tax year?	<input type="radio"/> Yes <input type="radio"/> No
• Did this corporation receive any dividends from another corporation?	<input type="radio"/> Yes <input type="radio"/> No
• Did this corporation pay any compensation to any of its officers and have total receipts of \$500,000 or more? If yes, provide name, Social Security number, percent of time devoted to business, percent of corporation common stock and preferred stock owned, and amount of compensation paid to the corporate officer.	<input type="radio"/> Yes <input type="radio"/> No
• During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits?	<input type="radio"/> Yes <input type="radio"/> No
• Did this corporation issue publicly-offered debt instruments with original issue discount?	<input type="radio"/> Yes <input type="radio"/> No
• Did this corporation earn any tax-exempt interest during the tax year?	<input type="radio"/> Yes <input type="radio"/> No
• If this is an S corporation, does it have any built-in gains or earnings and profits from when it was a C corporation, or any assets acquired from a C corporation with a basis determined by reference to its basis in the hands of a C corporation?	<input type="radio"/> Yes <input type="radio"/> No
• Was the number of shareholders at the end of the year fewer than 100? (if so, a list of shareholders is required)	<input type="radio"/> Yes <input type="radio"/> No

Taxpayer Certification

I hereby certify that I have accurately and fully, to the best of my knowledge and ability provided Mike Parisi Tax Consultants with all the information asked for on the Corporation Organizer. I understand that I am responsible for the accuracy of my own return. I agree not to hold Mike Parisi Tax Consultants responsible for any errors or omissions made on the return because I withheld information or failed to provide the information necessary to complete the return accurately.

Authorized officer signature

Date