

Referred By:

Last Serviced

TAX DEPOT

DATE:

APPLICATION: BUSINESS TAX PREPARATION

OWNER(TMP):

LAST NAME:	FIRST NAME:	MIDDLE INIT.:	DOB:	SOCIAL SECURITY#
HOME PHONE	CELL PHONE	HOME ADDRESS (street, state, zip)		

BUSINESS INFORMATION

COMPANY NAME	DATE INCORPORATED	START DATE	EIN	BUSINESS ACTIVITY
STATE OF INCORPORATION				WEBSITE:

BUSINESS ADDRESS:

STREET NAME:	CITY:	STATE:	ZIP:	OWN BUILDING <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
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BUSINESS CONTACT INFORMATION:

BUS. PHONE:	FAX PHONE:	ALT PHONE:	EMAIL:
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BUSINESS TYPE	
C-CORP <input type="checkbox"/>	S-CORP: <input type="checkbox"/>
PARTNERSHIP: <input type="checkbox"/>	LLC <input type="checkbox"/>
SOLE PROPRIETOR: <input type="checkbox"/>	

Phone: 770-641-8814
 Fax: 770-587-4339
 Email: tax-depot@mindspring.com

ADDITIONAL OWNERS

ADDITIONAL OWNERS NAMES	DOB:	SOCIAL SECURITY:	% OWNERSHIP	ACTIVE PARTICIPANT
				Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

PREVIOUS TAX RETURN FILED Y N

ADDITIONAL INFORMATION:

Date of S-Corp Election _____

Principal Product or Service _____

Accounting Method _____

Business Resident State _____

Principal Business Code _____

Prior Year Tax Return _____

CHECKLIST

Bank Statements <input type="checkbox"/>	Payroll <input type="checkbox"/>
Capital Contributed <input type="checkbox"/>	Office Exp <input type="checkbox"/>
Asset Listings <input type="checkbox"/>	Auto Exp/Mile <input type="checkbox"/>
B/E Inventory Basis <input type="checkbox"/>	Financial Stmtns <input type="checkbox"/>

Please note that the purpose of this form is to gather information to be used to prepare your tax return. All information is implicitly protected and will not be used except for that purpose. Applicant, by the use of this form, gives Tax Depot permission to transmit the tax return to the IRS.

Signature: _____