212	CPA@212tax.com	212-475-1040			
TAX					
Business Type (Choose One):	LLC / S Corporation / C Corp	poration / Partnership / Other			
If an S Corp, S Corp election date with IRS:		and election date with N.Y. State:			
Business Name:					
D/B/A (if applicable) :			Phone #:		
Address:					
Date Business Started:			E-mail:		
Employer ID # [EIN :]					
What is the Principal Business Activity?					
Name of Member/Partner/Owner	Ownership % & Amount of Contributions/Withdrawals	Address	SS, EIN or ITIN #		
PLEASE PROVIDE US WITH THE PHONE # & E-MAIL ADDRESS OF AT LEAST ONE MEMBER, and also a copy of last year's tax returns.					
Please provide your business bank account information:					
Bank Routing # Bank Name					
Bank Account #		YES	NO		
At the End of the year did the business own directly 20% or own directly or indirectly 50% or more of the voting power of any foreign or domestic corporation ?					
At the End of the year did the business own directly 20% or more or own directly or indirectly 50% or more in the profit, loss, or capital in any foreign or domestic business, LLC or in the beneficial interest of a trust?					
During the tax year did the business have any debt that was cancelled or reduced?					
Does the business have any foreign bank accounts ?					
Did the business received any property in a like kind exchange ?					
Did the business make any payments that would require the issuance of 1099 forms?					
If yes, did the business issue all required 1099 forms ?					
During the year did the corporation have significant change in ownership?					
What was the value of your assets & liabilities at the end of the year including all business bank accounts ? Asset / Liability: Value / Balance:					

EXPENSES:	INCOME: 212tax.com / 212-475-1040		
Advertising & Marketing	Income on 1099-MISC		
Bank & Credit Card Merchant Fees	Income on 1099-K (from credit card processors)		
Business Gifts (up to \$ 25 per client)	Other income (not on 1099s)		
Business Meals and Entertainment	TOTAL GROSS INCOME:		
Commissions			
Continuing Education & Seminars	Did you pay health insurance premiums ?	YES / NO	
Contract Labor	If YES, how much ?		
Cost of Goods Sold (we can help with this)	BUSINESS VEHICLE EXPENSES: Do you have another vehicle for personal use? Y/N		
Employee Benefits (specify type please)	If Car was PURCHASED, DATE OF PURCHASE:		
LLC/S-Corp shareholder/partners' Medical	Make, Model, and Year of Car:		
Equipment Rent	Amount paid for car or monthly lease payment:		
Insurance (specify type please)	Total miles driven during the year:		
Interest (specify type please)	Business miles (do not include commuting miles):		
Internet	Gas:		
Legal & Professional Fees	Insurance:		
Licenses & Permits	Parking:		
Office Expenses	Repairs & Maintenance:		
Office Rent	Tolls:		
Office Supplies	EXPENSES continued:		
Other taxes (non payroll related)	Telephone/Fax (Landline & Cellular)		
Payroll service provider	Trade Publications		
Payroll Taxes	Travel		
Repairs and Maintenance	Uniforms & Dry Cleaning of uniforms		
Salaries paid to Officers	Utilities		
Salaries paid to employees	Vehicle Rentals		
Shipping and Postage	Miscellaneous expenses		
Small tools & equipment (under \$ 500 each)	Other		
Tax and Accounting	Other		
Taxis	Other		

For assets \$ 500 or more that were purchased, sold or disposed of during tax year please list the following: (inluding any cell phones, tablets, computers, equipment, furniture, and/or software)

	Purchased, Sold or	
Description :	Disposed	Date of purchase, sale, or disposition :