



212 TAX / JLD TAX BUSINESS ORGANIZER

Business Type (Select One):

LLC	S Corporation	C Corporation	Partnership	Other
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What is the state of Formation?

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If an S Corporation, please provide the following information:

S Corp Election date with IRS

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S Corp Election date with State, if different:

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IF YOU ARE FILING FOR THE FIRST TIME, PLEASE SHOW US PROOF THAT YOU HAVE BEEN APPROVED AS AN S-CORP

IF YOU ARE A NEW CLIENT PLEASE PROVIDE A COPY OF YOUR 2021 TAX RETURN

Business Name:

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D/B/A, if applicable:

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Employer ID # (EIN)

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Date Business Started

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Principal Business Activity

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What accounting method does the business use?

Cash	Accrual	Other
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Address

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Suite #

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City

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State

--

Zip

--

Phone Number

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Email Address

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Name of Member/Partner/Owner	Ownership %	Email	Phone Number	Address	SSN, EIN or ITIN #

Please provide your business bank account information:

Bank Routing #		Bank Account #	
Checking or Savings?		Bank Name	

	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?		
Did the entity conduct business in more than one state? If yes, please list all states:		
Does the business have any foreign bank accounts?		
Did the business receive 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 business have any 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 :
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

TAXPAYER SIGNATURE:

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 DATE:

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Name:

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Title:

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