

BUSINESS CLIENT INTAKE FORM

How is the business structured: Corp: _____ S Corp: _____ Partnership/LLC: _____

Date Incorporated: _____ Effective Date S Election: _____

If Partnership/LLC How Many Partners: _____ S Corp How many Shareholders: _____

Will we prepare the K1's: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

EIN #: _____ - _____ Business Class Code if Known: _____

What Type of Business is this, What do you do: _____

Accounting Method: CASH _____ Accrual _____ Other _____ (specify) _____

Was the business started in 2017: _____

Do you need to file 1099 forms: _____ Are you going to file 1099 forms: _____

Do you need us to create the 1099's and file the 1096 for you: _____

Business Income:

Gross Revenue / Sales: _____

Returns and Allowances (spoilage): _____

Cost of Goods Sold	Total Amount Paid
Inventory at Beginning of Year	
Purchases	
Cost of Production Labor (Production Staff Wages Only)	
Commissions	
Other Production Cost	
Total	
Ending Inventory	
Cost of Goods Sold (Subtract Ending Inventory from Total)	

What method was used for valuing ending inventory:

Cost: _____ Lower of cost or market: _____ Other: _____ (please explain) _____

Was there any markdown of inventory value: _____

Were there any changes in inventory valuation method between the beginning inventory valuation and the ending inventory valuation: _____

Other Income:

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Expense Account	Total Amount Paid
Compensation of Officers	
Guaranteed Payments to Partners	
Employee Wages (not included in Cost of Goods Sold)	
Repairs and Maintenance	
Bad Debts	
Rents	
Taxes and Licenses	
Interest	
Depreciation (will review with client)	
Depletion	
Advertising / Marketing	
Pension and Profit Sharing Plans	
Employee Benefit Programs	
Domestic Production Activities	
Other Deductions	
Contract Labor (1099 Sub Contract Employees)	
Section 179 Expense	
Insurance (General Liability-Owners Policies-Workman's Comp)	
Accounting/Legal/Professional Services	
General Office Expense	
Supplies (not included in Cost of Goods Sold)	
Travel	
Deductible Meals and Entertainment	
Utilities (electric/water/sewer/garbage)	
Telephone / Internet	
Education / Continuing Education	
Dues and Subscriptions	
Other (describe)	

Vehicle 1 Information:

Year: _____ Make: _____ Model: _____

Date Placed in Service for Business Use: ____/____/____

Own or Lease: _____ If Own have you taken Depreciation before: _____

Total Miles Driven in 2017: _____ Business Miles: _____ Other: _____

Automobile Expenses	Total Amount Paid
Gas	
Tolls / Parking	
Repairs	
Maintenance	
Lease Payments	
Insurance	

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Vehicle 2 Information:

Year: _____ Make: _____ Model: _____

Date Placed in Service for Business Use: ____/____/____

Own or Lease: _____ If Own have you taken Depreciation before: _____

Total Miles Driven in 2017: _____ Business Miles: _____ Other: _____

Automobile Expenses	Total Amount Paid
Gas	
Tolls / Parking	
Repairs	
Maintenance	
Lease Payments	
Insurance	

Any other income or expenses not listed above: Please list.
