

TAXSTAR

5-Minute Tax Questionnaire

Income Tax Preparation Business Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. **TODAY'S DATE:** _____
 If more space is needed, use the space below or attach blank pages.

SECTION 1 GENERAL INFORMATION

1	Name of Business:		
2	EIN (Employer Identification Number)	□	□ - □ □ □ □ □ □ □ □
3	Business Street Address	Suite/Unit#	
4	City	State	Zip
5	Business Phone	Cell Phone	
6	State Incorporated in:	State Corporation # (If any):	
7	Date Incorporated: month day year	E-mail	
8	Is this a Final Return? : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date you stop doing business?		
9	Type of Business (briefly describe what the business does):		
10	Type of <input type="checkbox"/> product or <input type="checkbox"/> service:	Business Activity Code Number:	
11	Accounting method: <input type="checkbox"/> cash <input type="checkbox"/> accrual <input type="checkbox"/> other (specify)		
12	Type of entity: <input type="checkbox"/> C Corporation (continue to question # 13-21) <input type="checkbox"/> Nonprofit (see Addendum) <input type="checkbox"/> S Corporation (continue to question # 13-24) <input type="checkbox"/> LLC/Partnership (continue to question # 25-33)		

SECTION 2 C CORPORATION

13	Amount of tax-exempt interest received during the year:
14	Number of shareholders at the end of the year:
15	Net operating loss (NOL) carryover from prior years: \$
16	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name and EIN of parent corporation:
17	Did the corporation issue publicly offered debt instruments with original issue discount? Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Did the corporation pay dividends (other than stock dividends or distributions in exchange for stock) in excess of the corporations' current and accumulated earnings and profits? Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Did any individual, partnership, corporation, estate or trust own 50% or more of the corporation's voting stock? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name and identifying number:
20	Did one FOREIGN person own at least 25% of a) <input type="checkbox"/> total voting power of all classes of stock of the corporation entitled to vote or b) <input type="checkbox"/> the total value of all classes of stock of the corporation? If yes, provide percentage owned and owner's country of origin:

Business Information Questionnaire (continued)	
21	<p>Did the corporation own 50% or more of the voting stock of a domestic corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following:</p> <p>a) Name: b) EIN: c) Percentage owned: d) Taxable income or (loss) before NOL: e) Special deduction of such corporation for the tax year ending with or within your tax year:</p>
SECTION 3 S CORPORATION	
22	S Corporation election effective date:
23	Is this the corporation's first year as an S Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>
24	<p>Was the corporation a "C" Corporation, before it elected to be an "S" Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, did the C Corporation have net unrealized built in gain in excess of the net recognized built in gain from prior years? If yes, enter the net unrealized built in gain amount: \$</p>
SECTION 4 LLC / PARTNERSHIP	
25	<p>What type of entity is filing this return? Check the one that applies:</p> <p><input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Foreign Partnership</p>
26	Are any partners in this partnership also partnerships? Yes <input type="checkbox"/> No <input type="checkbox"/>
27	Did the partnership own an interest in another partnership or in any foreign entity? Yes <input type="checkbox"/> No <input type="checkbox"/>
28	Did the partnership file form 8893 (Election of Partnership Level Tax Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/>
29	Does the partnership have any FOREIGN partners? Yes <input type="checkbox"/> No <input type="checkbox"/>
30	Is this partnership a publicly traded partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>
31	Did the partnership have an interest in or a signature, or other authority over an account in a foreign country? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the name of the country:
32	Did the partnership receive a distribution from, or was it a grantor, or transferor to a foreign trust (i.e. by sale or death)? Yes <input type="checkbox"/> No <input type="checkbox"/>
33	Was there a distribution of property or a transfer of partnership interest during the tax year? Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional space is needed, number and insert below.	

SECTION 5

SHAREHOLDER/ PARTNER/ MEMBER INFORMATION

		Shareholder/ Partner Information	
34	A) Name	Address	
	SS#		Percentage of ownership _____ %
	B) Name	Address	
	SS#		Percentage of ownership _____ %
	C) Name	Address	
	SS#		Percentage of ownership _____ %
	D) Name	Address	
	SS#		Percentage of ownership _____ %
	E) Name	Address	
	SS#		Percentage of ownership _____ %
	F) Name	Address	
	SS#		Percentage of ownership _____ %
	G) Name	Address	
	SS#		Percentage of ownership _____ %
	H) Name	Address	
	SS#		Percentage of ownership _____ %

Check the financial reports that are attached:

35	<input type="checkbox"/> Income Statement (Profit and Loss)
36	<input type="checkbox"/> Balance Sheet
37	<input type="checkbox"/> Cash Flow Statement
38	<input type="checkbox"/> Bank Statements
39	<input type="checkbox"/> Other
40	<input type="checkbox"/> Other

Business Information Questionnaire (continued)

SECTION 6 PAYMENT INFORMATION

41 Please prepare the following returns: Federal State (Name of state or states) :

42 Please electronically file the following returns: Federal State(s)

Client Information Sheet (continued)

43 How do you want to pay for this return?
 A. Cash
 B. Check or money order
 C. Will pay by Credit or Debit Card: Charge \$ _____ to my card: VISA MC AMEX
 Card # Expiration Date _____
 Please complete all blanks exactly as shown on card and on billing statements:
 Name _____ Address _____
 City _____ State _____ Zip _____
 Telephone () _____ Fax () _____
 Signature (Required) _____

44 I acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve TAXSTAR INCOME TAX SERVICE, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges.

Officer's Signature _____ Date _____

Print Name _____ Title _____

Officer's Signature _____ Date _____

Print Name _____ Title _____

SECTION 7 ORIGINATING LOCATION INFORMATION

Location Name	Location Number	Contact Name	
Address	City	State	Zip
Phone	Fax	Comments	