

Client file:

Welcome to our firm, please complete the following to help us better serve you: Type of Form Filed:

Business name:		EIN:	
Street Address:		Phone:	
City, State, Zip		Fax:	
		Cell phone:	
		Email address:	

1. I wish to receive my tax return in the following format (charges are donated to National Multiple Sclerosis Society):

Paper \$5.00 _____ Replacement CD \$5.00 _____ Portal _____ My CD _____

Please note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party – we will no longer provide your information directly to a 3rd party.

2. Please indicate YES or NO if any of the following apply to your farm, LLC, business, partnership or corporation

A. Did you make any payments in 2017 that would require you to file form(s) 1099? _____

B. If #1 is YES, did you or will you file ALL required Forms 1099? _____

Penalties for late or non-filed returns have increased significantly.

3. Do you have any income from an on-line business (E-bay or Etsy) or income from Uber or Airbnb? Yes ___ No ___

4. Do you have employees? _____

A. Do you offer ANY type of benefits to your employees (health/dental/vision, life, disability, etc.) _____

5. Have you elected the written plan effective 1/1/17 for the 2017 tax year for the new repairs and maintenance regs? _____

If yes, please provide us with a copy ASAP as we must attach it to your 2017 tax return.

New repairs Regulations require that business owners separately capitalize repairs and acquisitions over \$2,500 annually. You hereby acknowledge that you have made such capitalization analyses and decisions.

6. Do you have a foreign bank account or have an interest in a foreign trust? Yes ___ No ___

Please note: Penalties for failure to report foreign source income or ownership of a foreign account start at \$10,000.00 per violation.

7. Did the owners have health insurance in place for 2017? Yes ___ No ___

A. Is it a group plan or an individual plan? Group ___ Individual ___

a. How is it paid for? Business _____ Personally _____

Signature: _____

Date: _____

Please use the back of this form for any other information you think would be helpful to us. Thank you.