



**Business Information Sheet**

(Government Required Information)

Tax Year: \_\_\_\_\_

**ALL Information Must Be Completed Before We Can Begin Preparing Your Return**

Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address To Be Used on Tax Return: \_\_\_\_\_

Records Kept at Same Address

EIN: \_\_\_\_\_ Date Established/ Incorporated: \_\_\_\_\_

Principal Business: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Have you Ever Been Audited? YES NO

Type of Entity: Scorp LLC Partnership Unincorporated/Sole Proprietorship Corporation Nonprofit

Total Number of Shares Outstanding: \_\_\_\_\_

**List of Owners and Percentage of Ownership (ALL information MUST be completed):**

<u>Name</u>	<u>Number or % of Shares</u> (must total 100%)	<u>Receive a W2</u>	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

Name of Owner Signing Taxes: \_\_\_\_\_ Social Security No. of Owner: \_\_\_\_\_

**Estimated / Quarterly Tax Payments:** Please list any tax payments that were made towards this year's taxes

1 <sup>st</sup> Qtr Fed _____	3 <sup>rd</sup> Qtr Fed _____	1 <sup>st</sup> Qtr State _____	3 <sup>rd</sup> Qtr State _____
2 <sup>nd</sup> Qtr Fed _____	4 <sup>th</sup> Qtr Fed _____	2 <sup>nd</sup> Qtr State _____	4 <sup>th</sup> Qtr State _____

**Do you use a home office for your business?** YES NO Answers below must be accurately recorded for IRS purposes

**Do you pay rent for use of outside office space?** YES NO (If YES, you cannot deduct your home office)

Total Square Footage of Home: _____	Total Sq Ft. of Office Space: _____
Rent Paid or Mortgage Interest: _____	Property Taxes Paid: _____
Annual Internet and Alarm: _____	Annual Utilities (incl. water): _____
Annual Garbage Disposal: _____	Annual Insurance: _____

Name of Business: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Did you take any owner draws or distributions from your business? YES NO Amount Taken in 2021: \_\_\_\_\_

Do you use your car for business? If so, what was the total business mileage for each car? \_\_\_\_\_

Did the entity receive any PPP / EIDL loan forgiveness? YES NO Amount Rec'd: \_\_\_\_\_ Amt Forgiven: \_\_\_\_\_

Did the entity receive any CA GRANT money? YES NO Amount Received: \_\_\_\_\_

**YES NO**

- \_\_\_\_\_ 1. Are you interested in applying CA AB 150 this year (when the pass through entity pays 9.3% of the state tax due for each owner)? Please contact Lisa for more information.
- \_\_\_\_\_ 2. Did the entity distribute any 1099s for 2021? Please provide details for taxes, if not already in the P&L
- \_\_\_\_\_ 3. Was there a change in the majority of ownership in 2021?
- \_\_\_\_\_ 4. Did the entity acquire control of another legal entity in 2021?
- \_\_\_\_\_ 5. Does the entity have any subsidiary entities?
- \_\_\_\_\_ 6. Has the entity filed its Statement of Information with the State of California for 2021?
- \_\_\_\_\_ 7. Is the entity deferring any income from the disposition of assets? (Uncommon)
- \_\_\_\_\_ 8. Did the entity pay the \$800 minimum Franchise Fee with the State of California if it is an LLC or Corporation?
- \_\_\_\_\_ 9. Does the entity offer health insurance to employees?
- \_\_\_\_\_ 10. Did the entity pay for owners' health insurance?
- \_\_\_\_\_ 11. Does the entity offer a retirement plan?
- \_\_\_\_\_ 12. Did the entity have payroll?
- \_\_\_\_\_ 13. Did you purchase any capital assets?
- \_\_\_\_\_ 14. Was 2021 the entity's final year in business?
- \_\_\_\_\_ 15. Would you like to file an extension?

**Direct Deposit and Withdrawal Information**

Please provide the following information for refunds and tax liability payments:

- Directly deposit any refunds to the account indicated below
- Directly withdraw any tax liabilities from the account indicated below

Routing Number: \_\_\_\_\_

Ckg  Svgs

Account Number: \_\_\_\_\_

I certify that all the above answers are true and correct.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name