



## Business Information Sheet

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

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

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

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

Records Kept at Same Address \_\_\_\_\_

EIN: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Principal Business: \_\_\_\_\_ Last Day of Tax Year: \_\_\_\_\_

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

Type of Entity: Partnership S-Corporation Corporation Nonprofit LLC

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

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

<u>Name</u>	<u>Number of Shares</u> Not a Percentage	<u>Receive a W2</u>	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

Name of Owner Signing Taxes: \_\_\_\_\_

Social Security No. of Owner: \_\_\_\_\_ Birthdate of Owner: \_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Name of Contact Person for Tax Preparation (if different): \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Were any owner draws or distributions taken? YES NO Amount Taken: \_\_\_\_\_

Did any owners make additional investments into the business? YES NO Amount Invest: \_\_\_\_\_

Were cars used for business purposes? If so, what was the total business mileage? \_\_\_\_\_

Did the entity receive any of the following:

**PPP loans**      YES      NO      **Amount Rec'd:** \_\_\_\_\_ **Amt Forgiven:** \_\_\_\_\_  
**EIDL loans**    YES      NO      **Amount Rec'd:** \_\_\_\_\_ **Amt Forgiven:** \_\_\_\_\_  
**ERTC Credit**    YES      NO      **Amount Rec'd:** \_\_\_\_\_ **Amt Forgiven:** \_\_\_\_\_  
**CA Grants**      YES      NO      **Amount Rec'd:** \_\_\_\_\_ **Amt Forgiven:** \_\_\_\_\_

**YES    NO**

- \_\_\_\_\_ 1. Did the entity distribute any 1099s?
- \_\_\_\_\_ 2. Was there a change in the majority of ownership?
- \_\_\_\_\_ 3. Did the entity acquire control of another legal entity?
- \_\_\_\_\_ 4. Does the entity have any subsidiary entities?
- \_\_\_\_\_ 5. Does the entity own more than 20% of another entity treated as a partnership?
- \_\_\_\_\_ 6. Does the entity own more than 20% of another entity treated as a corporation?
- \_\_\_\_\_ 7. Does the entity have any outstanding shares of restricted stock, warrants, etc.?
- \_\_\_\_\_ 8. Did the entity have any debt cancelled this year?
- \_\_\_\_\_ 9. Did the entity have any single cash transactions over \$10,000?
- \_\_\_\_\_ 10. Did the entity make any money outside of the United States?
- \_\_\_\_\_ 11. Is the entity deferring any income from the disposition of assets? (Uncommon)
- \_\_\_\_\_ 12. Did the entity pay the \$800 minimum Franchise Fee with the State of California?
- \_\_\_\_\_ 13. Does the entity offer health insurance to employees?
- \_\_\_\_\_ 14. Did the entity pay for owners' health insurance?
- \_\_\_\_\_ 15. Does the entity offer a retirement plan?
- \_\_\_\_\_ 16. Did the entity have payroll?
- \_\_\_\_\_ 17. Did the entity purchase any capital assets?
- \_\_\_\_\_ 18. Was 2022 the entity's final year in business?
- \_\_\_\_\_ 19. Would you like to file an extension?

**Direct Deposit and Withdrawal Information**

- Directly deposit any refunds to the account indicated below
- Directly withdraw any tax liabilities from the account indicated below
- I would like to pay AAG San Diego invoices for tax services with 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**