



Business Information Sheet

Tax Year: _____

****THE GOVERNMENT REQUIRES THAT THE FOLLOWING QUESTIONS BE ANSWERED**

Name of Entity: _____

Address To Be Used on Tax Return: _____

Records Kept at Same Address

City

State

Zip

EIN: _____

Date Incorporated: _____

Principal Business: _____

Last Day of Tax Year: _____

State of Incorporation: _____

Type of Entity: Partnership S-Corporation Corporation Nonprofit

Total Spent on Owners' Health Insurance _____

Please mark all that apply:

(AAG needs this information EVERY year in order to properly prepare your tax return.)

_____ Please file an extension of time to file the tax return

_____ Please file our annual Statement of Information

_____ This is the final year of business

_____ The owners made cash contributions to the business during the tax year **Total:** _____

_____ The owners took distributions of money out of the business during the tax year **Total:** _____

_____ Owner(s) were on the payroll

_____ Cars were used for business purposes **Mileage:** _____

This entity:

_____ Has more than 5 employees

_____ Has registered with CalSavers

_____ Had payroll last year

_____ Paid the annual FTB Franchise Tax Fee (min \$800)

_____ Distributed 1099s to all contractors who earned over \$600

_____ Transferred more than 50% of ownership during the tax year

_____ Owns more than 20% of another entity

_____ Has outstanding shares of restricted stock

_____ Has subsidiary entities that should be reported

_____ Acquired another entity during the tax year

_____ Received ERC during the tax year

Please mark an "X" next to all that apply:

- Has been audited by the IRS **Year Audited:** _____
- Had debt canceled during the tax year **Total:** _____
- Received over \$10,000 in a single cash transaction
- Earned money outside of the United States
- Offered health insurance to employees
- Paid for owners' health insurance **Total Paid for Owner:** _____
- Offers a retirement plan to employees
- Purchased capital assets

List of Owners:

<u>Name</u>	<u>Number of Shares</u> <small>Do NOT use a percentage</small>	<u>Receives a W2/salary</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: _____

Contact Email: _____ **Contact Phone:** _____

Direct Deposit and Withdrawal Information

- Directly deposit any refunds to the account indicated below
- Directly withdraw any tax liabilities from the account indicated below. Money will be withdrawn when the return is e-filed.
- I would like to pay the AAG San Diego outstanding invoices for tax services with the account indicated below

Name on Account _____

Routing Number: _____

Account Number: _____

Ckg SvgS

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

Signature of Owner

Date

Print Name