Reset

JLD Tax jldonenfeld@jldtax.com 201-604-2432

Business Type (Choose One) : LLC ☐ / S Corporation ☐ / C Corporation ☐ / Partnership ☐ / Other ☐

If an S Corp, S Corp election date with IRS: **State Election Date:**

Business Name:

D/B/A (if applicable) : **Phone #:**

Address:

Date Business Started: **E-mail:**

Employer ID # [EIN :]

What is the Principal Business Activity?

Name of Member/Partner/Owner	Ownership %	Contributions/Withdrawals	Address	SS, EIN or ITIN #

PLEASE PROVIDE US WITH THE PHONE # & E-MAIL ADDRESS OF AT LEAST ONE MEMBER, and also a copy of last year's tax returns.

	YES	NO
At the End of the year did the business own directly 20% or own directly or indirectly 50% or more of the voting power of any foreign or domestic corporation ?		
At the End of the year did the business own directly 20% or more or own directly or indirectly 50% or more in the profit, loss, or capital in any foreign or domestic business, LLC or in the beneficial interest of a trust?		
During the tax year did the business have any debt that was cancelled or reduced?		
Does the business have any foreign bank accounts ?		
Did the business received any property in a like kind exchange ?		
Did the business make any payments that would require the issuance of 1099 forms ?		
If yes, did the business issue all required 1099 forms ?		
During the year did the corporation have significant change in ownership?		

What was the value of your assets & liabilities at the end of the year including all business bank accounts ?

Asset / Liability :	Value / Balance :

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EXPENSES :			INCOME: jldtax.com / 201-604-2432		
Advertising & Marketing			Income on 1099-MISC		
Bank & Credit Card Merchant Fees			Income on 1099-K (from credit card processors)		
Business Gifts **(up to $ 25 per client)**			Other income (not on 1099s)		
Business Meals and Entertainment			**TOTAL GROSS INCOME:**		
Commissions					
Continuing Education & Seminars			**Did you pay health insurance premiums ?**	YES / NO	
Contract Labor			If YES, how much ?		
Cost of Goods Sold (we can help with this)			**BUSINESS VEHICLE EXPENSES:** Do you have another vehicle for personal use? Y/N		
Employee Benefits (specify type please)			If Car was PURCHASED, DATE OF PURCHASE:		
Equipment Rent			Make, Model, and Year of Car:		
Insurance (specify type please)			Purchase price or monthly lease payment:		
Interest (specify type please)			Total miles driven during the year:		
Internet			Business miles (do not include commuting miles):		
Legal & Professional Fees			Gas:		
Licenses & Permits			Insurance:		
Office Expenses			Parking:		
Office Rent			Repairs & Maintenance:		
Office Supplies			Tolls:		
Other taxes (non payroll related)			**EXPENSES continued:**		
Payroll service provider			Trade Publications		
Payroll Taxes			Travel		
Repairs and Maintenance			Uniforms & Dry Cleaning of uniforms		
Salaries paid to employees			Utilities		
Shipping and Postage			Vehicle Rentals		
Small tools & equipment (under $ 500 each)			Miscellaneous expenses		
Tax and Accounting			Other _____		
Taxis			Other _____		
Telephone/Fax (Landline & Cellular)			Other _____		

For assets $ 2,000 or more that were purchased, sold or disposed of during tax year please list the following :
(inluding any cell phones, computers, equipment, furniture, and/or software)

Description :	Purchased, Sold or Disposed	Date of purchase, sale, or disposition :