

# BUSINESS INTAKE FORM (BIF)



## Business Information

**Type of Entity (check one):**     C-Corporation     S-Corporation     General Partnership  
 Limited Liability Company     Sole Proprietorship

<b>BUSINESS NAME:</b>		<b>EMPLOYER ID # (EIN):</b>
Address		
Contact Individual		Phone #
Email (required)		Alt. Phone #
Business Activity		Business Start Date
Business Product or Service		Business Code

Is this business a Rental Property?     Yes     No    **If yes, please fill out Page 3.**

Method of Accounting (check one):     Cash     Accrual  
 Other (Describe): \_\_\_\_\_

## Corporation Information

<b>STATE OF INCORPORATION</b>	<b>STATE ID #</b>	<b>DATE OF INCORPORATION</b>
<b>If this is an S-Corporation, please provide a copy of IRS Form 2553 and a copy of the IRS acceptance letter allowing S-Corporation status (if available).</b>		<b>DATE OF S-CORPORATION</b>

## Partners/Shareholders

NAME	SS#	ADDRESS	% OWNERSHIP

## Additional Information & Preferred Documents

- **If you are a new client, please provide a complete copy of your prior year's tax return.**
- If this is the first year of the entity's existence, please provide accurate state incorporation or partnership agreement information.
- Please provide the income statement for the year (per the books), including balance sheet, depreciation schedule, and cash reconciliation of the business checking accounts with the ending balance for the year.
- If the business has employees, please provide copies of payroll returns and copies of all **W-2 Forms**.
- If the business employed independent contractors or made payments to unincorporated service suppliers, please provide copies of all issued **1099-NEC Forms**. If not yet prepared, please provide names, addresses, social security numbers and amounts paid so that we may prepare them for you.
- If there were withdrawals of capital by the owners during the year, please provide details. Note, if this entity made distributions and is a C-Corporation, **Form 1099-DIV** may be required.
- If any of the partners or shareholders are residents of a different state or reside outside the U.S., please provide details. Note: the business may be subject to withholding requirements or be required to file multiple state returns if the business was conducted in more than one state.

## Profit & Loss Statement

This section is **ONLY** for those business that do not maintain an automated bookkeeping system that provides a profit and loss statement, balance sheet, and bank cash reconciliation of the business checking accounts with the end-of-year balance.

INCOME	AMOUNT	COST OF GOODS SOLD (FOR MANUFACTURING)	AMOUNT
Sales		Start of Year Inventory	
Services		Purchases	
1099 Income (provide copies)		Cost of Labor	
Other:		Other:	
<b>TOTAL INCOME</b>		End of Year Inventory	

BUSINESS EXPENSES	AMOUNT	BUSINESS EXPENSES	AMOUNT
Accounting		Taxes – Payroll (Provide W-3 Form)	
Advertising		Taxes – Sales	
Bank Charges		Taxes – Property	
Business Cards		Taxis	
Cell Phone		Telephone	
Commissions & Fees		Training	
Computer Purchase		Transportation (Local)	
Contract Labor (1099 Employees)		Utilities	
Dues and Subscriptions		Wages (W-2)	
Education		Other:	
Employee Benefits		Other:	
Employee Health Care Plans			
Entertainment & Business Meals		<b>BUSINESS ASSETS</b>	
Equipment – Less than \$100 per Item		Equipment more than \$100	
Fees		Description of Item (including date of acquisition)	
Gifts to Clients			
Insurance			
Interest – Other		<b>VEHICLE EXPENSES* (Not Including daily commute)</b>	
Internet / Cable		If Leased, Amount Paid per Month	
Legal & Professional		If Purchased, Total Vehicle Price	
Licenses & Permits		Gas	
Lodging		Parking & Tolls	
Metro Card / Public Transit		Maintenance & Repairs	
Office Expense		Overall Mileage	
Office Supplies		Business Mileage	
Parking & Tolls		<i>*Mileage Diary Required</i>	
Pension Plan Fees			
Postage & Shipping		<b>HOME OFFICE EXPENSES</b>	
Publications		Total Square Footage of Home	
Rent – Equipment		Total Square Footage of Office	
Rent – Other		Rent	
Repairs & Maintenance		Utilities	
Seminar & Conferences		Phone	
Software		Internet / Cable	
Supplies		Insurance	
		Office Improvements	
		Other:	
		Other:	

## Rental Income/Expense Sheet

PROPERTY	DESCRIPTION <i>(Single-family, Mixed-use, Condo, Townhouse, Etc.)</i>	ADDRESS
A		
B		
C		
D		

	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
<b>INCOME</b>				
Rents				
Other				

<b>EXPENSES</b>				
Advertising				
Auto				
Travel				
Cleaning/Maintenance				
Commissions				
Insurance				
Legal & Professional				
Management Fees				
Mortgage Interest				
Repairs				
Supplies				
Real Estate Tax				
Water				
Gas				
Electric				
Other Utilities				
Association Fees				
Lawn Care				
Pest Removal				
Snow Removal				
Other				

### CAPITAL IMPROVEMENTS *(Equipment, furniture or property improvements)*

		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
Description	Date	Cost	Cost	Cost	Cost

### RENTAL PROPERTY PURCHASED/SOLD

Description	Date Purchased	Original Cost	Date Sold	Sold Amount