Susan E Thomas CPA, Ltd.

Business Tax Questionnaire & Document Guide for 2023

Company Name: EIN:					/ING INFORMATION re/encrypted online portal.
EIN: Type of Entity: Provide a copy of your SS4 application and IRS EIN letter received. S Corporations provide Form 2553 and the IRS verification letter received. Date company formed: Mailing Address: City, State, Zip: Phone: Physical Address: City, State, Zip: Contact Person: Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:					o, charge control per can
Type of Entity: Provide a copy of your SS4 application and IRS EIN letter received. S Corporations provide Form 2553 and the IRS verification letter received. Date company formed: Mailing Address: City, State, Zip: Phone: Physical Address: Street: City, State, Zip: Contact Person: Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:					
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City, State, Zip: Phone: Physical Address:	Date company formed	d:			
Physical Address: Street: City, State, Zip: Contact Person: Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:	Mailing Address:				
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Contact Person: Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:	Physical Address:		☐ Same as mailing address		
Contact Person: Preferred Contact Method, Choose 1, complete both: Who signs the tax return? Signature Authorization Preference:	Street:				
Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:	City, State, Zip:				
Preferred Contact Method, choose 1, complete both: Who signs the tax return? Signature Authorization Preference:					
Phone Phone Phone Phone Phone Paper Form	Contact Person:				
Who signs the tax return? Company Owners & Officers (If more than 5 owners/officers please attach a complete list)					
Signature Authorization Preference:			□ Phone		
Company Owners & Officers (If more than 5 owners/officers please attach a complete list) Title Name Address SSN Title Name Address SSN Wo of Ownership Title Name Address SSN Wo of Ownership	Who signs the tax ret	urn?			
(If more than 5 owners/officers please attach a complete list) Title Name Address SSN Title Name Address SSN Wof Ownership Title Name Address SSN	Signature Authorizatio	n Prefer	ence:	☐ E-Signature	☐ Paper Form
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COMPLETE EACH SECTION IN FULL

INO	lakes					
	Basis of Accounting ☐ Cash ☐ A	ccrual				
	Fiscal Year End Calendar A	nother month end				
	What Federal tax form do you file?					
	Do you file Forms 1099Misc and/or 1099NEC?					
	In what state is the company headquarters located?					
	In which states does the company have a location, property, or employees working?					
	In what city is the company headquarters located?					
	In which cities does the company have a location, property, or employees working?					
	Indicate other types of state & city tax returns you have previously filed:					
	CAT (Commercial Activity Tax)	☐ Quarterly ☐ Annually				
	Sales Tax	☐ Monthly ☐ Semi-Annually				
	Use Tax	☐ Quarterly ☐ Monthly				
	Personal Property Tax	☐ Annually				
	Unclaimed Funds	☐ Annually				
No	Accounting / Bool	kkeeping				
	Do you use accounting software? If yes, name & type of software:					
	Do you have a bookkeeper? If yes, provide name & contact info: Name: Phone: Email:					
	l Fmail:					
	General ledger review frequency preference:					
No		ually Annually				
	General ledger review frequency preference: ☐ Monthly ☐ Quarterly ☐ Semi-annu	s then complete Section A or B only)				
No	General ledger review frequency preference: ☐ Monthly ☐ Quarterly ☐ Semi-annu Payroll (Answer the first 2 questions	s then complete Section A or B only)				
No Check	General ledger review frequency preference: Monthly Quarterly Semi-annumation Payroll (Answer the first 2 questions) Do you have employees? If yes, how many? What is your payroll frequency? Weekly Bi-weekly Semi-record Section A: Company uses a payroll service do you use?	monthly				
No Check only one	General ledger review frequency preference: Monthly Quarterly Semi-annumate Payroll (Answer the first 2 questions) Do you have employees? If yes, how many? What is your payroll frequency? Weekly Bi-weekly Semi-results Section A: Company uses a payroll service do you use? Does the payroll service company file the payrolls.	monthly				
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No Check only one Check if same contact Check if	General ledger review frequency preference: Monthly Quarterly Semi-annumate Payroll (Answer the first 2 questions) Do you have employees? If yes, how many? What is your payroll frequency? Weekly Bi-weekly Semi-restrictions SECTION A: Company uses a payroll serve What payroll service do you use? Does the payroll service company file the payroll service to the payroll service to the payroll service to the payroll service and who submits your payroll hours to the payroll submits your payroll deposits? Name & contact phone # Who files your BWC true-up report? Name & contact phone #	monthly				
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No Check only one Check if same contact Check if same	General ledger review frequency preference: Monthly Quarterly Semi-annumary Semi-annumary (Answer the first 2 questions) Do you have employees? If yes, how many? What is your payroll frequency? Weekly Bi-weekly Semi-restriction Section A: Company uses a payroll service do you use? Does the payroll service do you use? Does the payroll service company file the payroll service company file the payroll service to the payroll service company file the payroll service was contact phone # Who submits your payroll deposits? Name & contact phone # Who files your BWC true-up report? Name & contact phone # SECTION B: NO payroll service used; payroll deposits of the contact information of the payroll service used; payroll payroll se	monthly				
No Check only one Check if same contact Check if same contact	General ledger review frequency preference: Monthly Quarterly Semi-annumary Semi-annu	monthly				
No Check only one Check if same contact Check if same contact Check if same	General ledger review frequency preference: Monthly Quarterly Semi-annumation Payroll (Answer the first 2 questions Do you have employees? If yes, how many? What is your payroll frequency? Weekly Bi-weekly Semi-restriction SECTION A: Company uses a payroll serve what payroll service do you use? Does the payroll service company file the payroll service to a payroll the payroll submits your payroll deposits? Name & contact phone # Who submits your payroll deposits? Name & contact phone # Who files your BWC true-up report? Name & contact phone # SECTION B: NO payroll service used; payrolide the name & contact phone number of tasks. Check the box at left if the contact information payroll deposits Processing payroll deposits Preparing & filing BWC true-up reports Preparing & filing BWC true-up reports	monthly				
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		Basis of Accounting				

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		business tax Questionnaire & Document						
Yes	No	Retirement & Benefit						
		Do you have a retirement plan? If yes, provide plan documents.						
		If you do not have a plan, are you interested in opening one? If yes, when?						
		Do you have a specific plan in mind?						
		What type of retirement plan do you have? Check one box only. □ 401(k) □ 401(k) with Roth □ SEP □ Simple						
		Provide the name and contact info for the person submitting contributions.						
	Check if same contact	Provide the name and contact info for the company preparing & filing Federal Form 5500.						
		Who is your Advisor, Record Keeper, &/or Th	nird-Party Adr	ministrator?				
		Retirement Plan Advisor						
		Retirement Plan Record Keeper						
		Retirement Plan Third-Party Administrator _						
		If you answer yes to any of the following	g, provide t	he plan documer	its.			
		Do you supply health insurance for your employees? If yes, what cost does the company cover?						
		Do you supply dental insurance for your emp	ployees?					
		Do you supply vision insurance for your employees?						
		Code Section 105 - Do you have a Health Reimbursement Arrangement (HRA)?						
		Code Section 125 - Do you have a Cafeteria Plan?						
		Code Section 125 - Do you have a Flexible Spending Account (FSA)?						
		Code Section 125 - Do you have a Premium Only Plan (POP)?						
		Code Section 223 - Does the company or an Savings Account (HSA)?	y of its emplo	yees contribute to	Health			
Yes	No	Business Advisory Serv	vices					
		Indicate the business advisory services you	are interested	in:				
		Business Consulting	☐ Quarterly	☐ Semi-annually	☐ Annually			
		Financial Review Meetings	☐ Quarterly	☐ Semi-annually	□ Annually			
		Tax Planning Meetings	☐ Quarterly	☐ Semi-annually	□ Annually			
		Tax Projection Preparation	☐ Quarterly	☐ Semi-annually	□ Annually			
		e above information is true and correcthe he responses.	ct, and I hav	ve the documer	ntation			
Printed	Name		Title					
Signatu	re		Date					