



Accounting Unlimited, LLC

Business Tax Preparation Intake Form

Date: _____

Legal Business Name: _____ EIN: _____

Business Owner's Name/Names: _____

Individual Responsible For Filing The Business Tax Return:

Name _____ Social Security Number _____

Business Mailing Address: _____

Business Physical Address: _____

Business Phone: _____ Business Fax: _____

Business E-Mail: _____

Type of Business: Sole Proprietor ___ LLC ___ Partnership ___ Corporation ___ S-Corp ___ N-Profit ___

Year Business Started _____ Did you end this business in 2021? Yes ___ No ___

Did you materially participate in this business? Yes ___ No ___

WI Entity Number _____ (LLC, Partnership, Corporation, Non-Profit)

Date Entity Was Created _____

PLEASE INCLUDE A PROFIT / LOSS STATEMENT, OR RECORDS THAT SHOW ALL INCOME AND EXPENSES CATAGORIZED.

PLEASE INCLUDE ANY 1099-MISC INCOME RECEIVED

PLEASE PROVIDE A COPY OF LAST YEARS TAX RETURN