



# *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 2022? 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