



TAX PRO SOLUTIONS. INC.

Business Name: _____

Date Established: _____

What type of business is it?

- C Corp S Corp Multi Member LLC Single Member LLC
- Sole proprietor

What Service does your business provide: _____? *Please be prepared to provide copies of the previous two (2) years of tax returns and Depreciation Schedule, if applicable.

Business Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Business Phone: _____

Personal Phone: _____

Email: _____

Website: _____

Please list the names of all Shareholders/officers/members/owners:

Latest tax year filed with IRS? _____

Are you behind on any tax filings or payments? Choose One: Yes No

Have you ever been audited by any government agencies? Choose One: Yes No

If yes, please provide explanation:

Are you involved in any lawsuits with your business? Choose One Yes No



TAX PRO SOLUTIONS. INC.

Have you filed Bankruptcy? Choose One Yes No

Are you currently using any CPA/Accounting firm? Choose One Yes No

If yes, please provide reason?

What type of help do you need (Check all that apply) Tax Accounting Payroll Sales Tax other

Payroll Information:

How many employees do you have? _____

How often do your employees get paid? _____

How many subcontractors do you have? _____

Bookkeeping:

How many Checking accounts do you have? _____

Approximate number of transactions do you have per month? _____

Do you use your business checking account to pay personal expenses?

Choose One: Yes No

Sales Tax Filing Frequency: _____

POS/ Accounting System: _____

Multiple States? Choose One: Yes No

Do you currently use any Online Software to manage your business records? For example, QuickBooks, Excel, Google Sheets, etc.? Choose one: Yes No

Is there any other information we should know that could help us serve your accounting needs?
