



Business INTAKE FORM

TAX YEAR _____

Drivers License Required

Company STATUS (check one):

LLC

S-Corp

C-Corp

Partnership

Sole Proprietor

Business Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Fed ID (EIN): _____ State ID #: _____ Start Date: _____

Managing Partner:

Soc. Sec. No.: _____

First MI Last: _____

Email: _____

Cell Phone: _____

Date of Birth: _____

Position: _____

Dependent of Other? _____

Business Partner:

Soc. Sec. No.: _____

First MI Last: _____

Email: _____

Cell Phone: _____

Date of Birth: _____

Position: _____

Dependent of Other? _____

Additional Partners:				
First MI Last	Date of Birth	Soc. Sec. No.		Position
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

General and Payroll Information:

Business Activity Description: _____

Bank Accounts - How many Checking: _____ Savings: _____ Credit Card _____ Loans: _____

Did you file a business tax return prior year: Yes No If yes, please upload to the portal a copy of the return.

Total Gross Receipts: _____ Did you file sales tax returns Yes No If yes, what states: _____

Additional Information:

Do you have completed Financials: Yes No - If No, do you need us to assist with preparing financials? Yes No

How do you keep your books: Quickbooks Online Quickbooks Desktop Xero Excel Other: _____

Any new assets purchased over \$5,000: Yes No

If yes what was it: _____ Amount: _____ In Service Date: _____

If yes what was it: _____ Amount: _____ In Service Date: _____

E-FILE / FILING INFORMATION - REFUND / PAYMENT INFORMATION

How do you want any refund/payments made to you? **Must check one**

Direct Deposit: Account # _____ Routing # _____

Applied to Next Year's Return

Paper Check in Mail

Only fill this out if you don't have a form to keep your business books
 *You can download this form in excel from our website under forms.

TAX YEAR _____

Expenses for Business Use of Your Home Prepared by Cartwright and Associates		
Part I	Part of your home used for business	
	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	Sq ft
	Total Area of Home	
	Percent of Office Space	
Part II	Schedule C Income and Expenses	
	Gross Sales	
	Cost of Goods	
	Gross Profit	
	Other Income	
	Gross Income	
	Advertising	
	Car and Truck Expense	
	Commissions and fees	
	Contract Labor	
	Depreciation	
	Employee benefit program	
	Insurance	
	Other	
	Legal and Professional Fees	
	Office Expense	
	Rent/Lease	
	Repairs and maintenance	
	Supplies	
	Taxes and Licenses	
	Travel & Meals	
	Deductible Meals	
	Utilities	
	Wages	
	Other Expenses	
	Total Expenses	
	Net Profit (Loss)	-
Part III	Figure Your Allowable Deduction	
	Casualty losses	
	Deductible mortgage interest	
	Real Estate taxes	
	Total	-
	Compare by Office Space (Line 8)	
	Subtract (line 48 from Net Profit)	-
	Excess mortgage interest	
	Excess real estate taxes	
	Insurance	
	Rent	
	Repairs and maintenance	
	Utilities	
	Other Expenses	
	Total	
	Compare by Office Space (Line 8)	-
	Allowable operating expense (smaller of line 49 or line 59)	
	Allowable Expenses for Business use of your home	