

**LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET**

BUSINESS NAME: \_\_\_\_\_ TAX ID/EIN \_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS YOUR BUSINESS LOCATION DIFFERENT THAN YOUR MAILING ADDRESS?  Y  N  
 IF YES, PLEASE FILL IN LOCATION ADDRESS BELOW:

\_\_\_\_\_  
 ADDRESS CITY STATE ZIP

**NEW/FIRST YEAR CLIENTS**

BUSINESS ACTIVITY/TYPE: \_\_\_\_\_ FISCAL YEAR ENDS (MO/DAY) \_\_\_\_/\_\_\_\_

METHOD OF ACCOUNTING:  CASH  ACCRUAL  OTHER

\_\_\_\_\_ YEAR OF FORMATION \_\_\_\_\_ STATE OF FORMATION \_\_\_\_\_ YEAR OF INCORPORATION (IF APPLICABLE)  
 \_\_\_\_\_ YEAR S-ELECTION FILED (IF APPLICABLE)

**BUSINESS ENTITY**

PLEASE SELECT

- LLC \_\_\_\_\_ # MEMBERS  CORP TAXATION  S-ELECTION FILED  
 S-CORP \_\_\_\_\_ # SHAREHOLDERS \_\_\_\_\_ TOTAL # SHARES  
 PARTNERSHIP \_\_\_\_\_ # PARTNERS

WAS THERE A CHANGE IN OWNERSHIP PERCENTAGE IN THE YEAR?  YES

**CONTACT INFORMATION**—PLEASE LIST PRIMARY CONTACT FIRST

NAME	TAX ID	ADDRESS	# SHARES/ % OWNERSHIP

**\*\*\*PLEASE PROVIDE A COPY OF YOUR ARTICLES OF INCORPORATION AND/OR YOUR PARTNERSHIP/LLC MEMBER AGREEMENT.\*\*\***

**GENERAL INFORMATION**

TYPE OF BUSINESS OR SERVICE:

DO YOU HAVE INVENTORY? YES  NO

DID YOU CLOSE THIS BUSINESS IN 2018? YES

<b>INCOME</b>	<b>\$</b>
GROSS INCOME	\$
PORTION REPORTED ON 1099 K	\$
PORTION REPORTED ON 1099 MISC	\$
REFUNDS/RETURNS	\$
OTHER INCOME	\$

<b>BUSINESS EXPENSES</b>	<b>\$</b>	<b>\$</b>
<b>ADVERTISING</b> (BUSINESS CARDS, WEB SITE, ADS)	\$	<b>LEGAL AND PROFESSIONAL</b> (TAX PREP, CONSULTING)
<b>AUTO/MILEAGE REIMBURSEMENT</b>		<b>LOCAL MEALS AND ENTERTAINMENT</b>
<b>BANK FEES AND CHARGES/MERCHANT SERVICES</b>	\$	<b>LOCAL TRAVEL</b>
<b>COMMISSIONS AND FEES</b>	\$	<b>OFFICE AND POSTAGE/SHIPPING</b>
<b>CONTRACT LABOR</b> 1099? <input type="checkbox"/> , ISSUED? Y <input type="checkbox"/> N <input type="checkbox"/>	\$	<b>PARKING/TOLLS</b>
<b>COST OF GOODS SOLD—SEE PAGE 3</b>		<b>RENT</b>
<b>DUES AND SUBSCRIPTIONS</b>	\$	<b>REPAIRS AND MAINTENANCE</b>
<b>EMPLOYEE BENEFITS</b>	\$	<b>SOFTWARE</b>
<b>EMPLOYEE HEALTH INSURANCE</b>	\$	<b>SUPPLIES AND SMALL TOOLS</b> (LESS THAN 1 YEAR LIFE)
<b>EQUIPMENT—PLEASE SEE PAGE 3</b>		<b>TAXES AND LICENSES</b> (TRIMET, CITY OF PDX, OFFICE PROPERTY TAX, BUSINESS LICENSE)
<b>HEALTH INSURANCE PREMIUMS</b> (SELF/FAMILY)	\$	<b>TAXES--PAYROLL</b>
<b>HOME OFFICE REIMBURSEMENT</b>	\$	<b>TRAVEL—SEE OTHER SIDE</b>
<b>INSURANCE</b> (OTHER THAN HEALTH OR AUTO--LIABILITY, BONDS, WORKERS COMPENSATION)	\$	<b>UTILITIES</b> (RENTED/OWNED OFFICE SPACE--NOT HOME OFFICE--GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)
<b>INTEREST</b> (MORTGAGE)	\$	<b>UTILITES--CELL PHONE</b>
<b>INTEREST</b> (OTHER--BUSINESS CREDIT CARDS, LOANS)	\$	<b>WAGES:</b>
<b>LAUNDRY/CLEANING/JANATORIAL</b>	\$	<b>OTHER:</b>

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**BUSINESS APPORTIONMENT:** % BUSINESS IN CITY OF PORTLAND: \_\_\_\_\_  
 % BUSINESS IN TRIMET (CLACKAMAS, MULTNOMAH AND WASHINGTON COUNTIES): \_\_\_\_\_

**TRAVEL EXPENSES**

CITY	# OF DAYS	AIRFARE	HOTEL	BUS/TAXI	CAR RENTAL	FUEL	OTHER

**EQUIPMENT**

DESCRIPTION OF ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$

**COST OF GOODS SOLD**

DO YOU MANUFACTURE OR PRODUCE A PRODUCT FOR SALE TO CUSTOMERS	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU MAINTAIN INVENTORY	YES <input type="checkbox"/> NO <input type="checkbox"/>
STARTING INVENTORY	\$
PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE	\$
COST OF LABOR TO MANUFACTURE OR ASSEMBLE GOODS	\$
MATERIALS AND SUPPLIES	\$
ENDING INVENTORY	\$

NOTES: