

LLC/S-CORP/PARTNERHIP 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 2016? YES

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

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

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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: