

LLC/C-CORP/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 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 TAXED AS A CORPORATION? Y WHAT TYPE? C S
 C-CORP _____ # STOCKHOLDERS _____ TOTAL # SHARES
 S-CORP _____ # SHAREHOLDERS _____ TOTAL # SHARES
 PARTNERSHIP _____ # PARTNERS

WAS THERE A CHANGE IN OWNERSHIP PERCENTAGE IN THE YEAR? YES NO

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.*****

; 9B9F5 @-B: CFA5 HCB

TYPE OF BUSINESS OR SERVICE _____

DO YOU HAVE INVENTORY? YES NO

DID YOU CLOSE THIS BUSINESS IN 2022? YES NO

DID YOU HAVE A PPP LOAN FORGIVEN IN 2022 YES AMOUNT \$ _____

INCOME	\$
GROSS INCOME (include all income from cash, checks, credit cards and other electronic payments.)	\$
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 (Bus, Uber, etc, within city you live.)
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 (Do not include rent for your home that is on Home Office worksheet.)
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)	\$	UTILITIES—CELL PHONE BUSINESS USE % _____

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

INTEREST(OTHER—BUSINESS CREDIT CARDS, LOANS)	\$	WAGES: Please provide a payroll summary	
LAUNDRY/CLEANING/JANATORIAL	\$	OTHER:	\$

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: