• If any members live in a different state or outside the U.S., provide details.

The business may be subject to withholding requirements.

• Provide copies of tax returns for last two years, including state returns (if applicable).

									<u>'</u>	8)	
LLC General											
Legal name o						EIN# –					
LLC address	☐ (check if new add	lress)									
Tax Matters I	ndividual				Title			Pho	ne ()	
Principal bus	iness activity										
Principal pro	duct or service										
☐ Yes ☐ No	Was the primary	purpose of the	LLC	activity to rea	alize a profit?						
Accounting n	nethod: 🗆 Cash	☐ Accrual ☐	Othe	r (specify)							
☐ Yes ☐ No	Does the LLC file under a calendar year? (If no, what is the fiscal year?)										
☐ Yes ☐ No	Has the LLC made the election to be taxed as a corporation?										
If the LLC is a	an S corporation, p	rovide a copy	of Fo	orm 2553, Elect	ion by a Small	Business	Corporation, an	d the accept	ance le	tter from th	e IRS.
LLC Specific	Questions										
□ Yes □ No	Does the LLC have an operating agreement? (If this is the first year of the LLC's existence, please provide a copy of the operating agreement and the articles of organization)										
☐ Yes ☐ No											
☐ Yes ☐ No	Is any member in the LLC a disregarded entity, a partnership, a trust, an S corporation, or an estate?										
☐ Yes ☐ No											
☐ Yes ☐ No	1 1										
☐ Yes ☐ No	Did the LLC own directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?										
☐ Yes ☐ No	Did the LLC have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce principal amount of debt?										
☐ Yes ☐ No											
☐ Yes ☐ No							-				
☐ Yes ☐ No	Was there a distribution of property or a transfer (by sale or death) of an LLC interest during the tax year? Does the LLC satisfy the following conditions? • The LLC's total receipts for the tax year were less than \$250,000.										
	• The LLC's total						n.				
☐ Yes ☐ No	Did the LLC pay	\$600 or more to	o any	/ individual? I	If yes, include	а сору о	f Form 1099-M	ISC for each			
Principal Mo	embers Ownershi	ip Information			-						
		Tax ID numbe	r					Ownership	Memb	er or	U.S.
Name		(SSN or EIN)		Address				percentage		er-manager	citizen?
LLC Other Tra	ansactions				_						
Member name		Guaranteed payments	I		Capital contributions from member		Distributions to member	Member loans to the LLC		Loans repaid by LLC to member	
										-	
							<u> </u>				
All Clients –	Additional informat	tion and docume	nts r	equired			lients – <i>Additio</i>	onal informat	ion and	documents r	equired
	income/financial						LC formed				
sheet, depreciation schedule per books, and cash reconciliation of busing					of business	State LLC formed in					
 bank accounts with ending cash balance. If the LLC has employees or paid independent contractors, provide a copy • Provide copies of LLC's Articles of Organization a Operating Agreement (if any)							anization aı	nd			
of all W-2, V workers.	V-3, 940, 941, 1096,	. 1099-MISC, ar	nd ar	ny other forms	issued to		ating Agreemer de copies of de		chedule	es for book,	tax, and

	(include all Forms 10	99-K received)									
Gross receipts or sales			\$			me (include all 10	OIV Forms) \$				
Returns and allowances			\$()	Capital gain/loss (include all 1099-B Forms)		Forms) \$					
Interest income (include all 1099-INT Forms)			\$	Other income (loss) (include a statement)			ent) \$				
LLC Cost of C	Goods Sold <i>(for ma</i>	nufacturers, wholesale	ers, and businesses	that mak	e, buy, or	sell goods)					
Inventory at l	peginning of the ye	ear	\$	Mater	rials and supplies						
Purchases			\$ Inventory a			end of the year		\$			
Cost of labor			\$								
LLC Expense	s							·			
Advertising			\$	Manag	gement fe	es		\$			
Bad debts			\$	Office supplies			\$				
Bank charges			\$	Organization costs			\$				
Business licenses			\$	Pension and profit sharing plans				\$			
Commissions	and fees		\$	Rent or lease – car, machinery, equipment							
Contract labo	r		\$	Rent or lease – other business property							
Employee ber	nefit programs		\$	Repairs and maintenance							
	alth care plans		\$	Taxes – payroll							
	t and business me	als	\$	Taxes – property							
Gifts			\$	Taxes -	- sales			\$			
Guaranteed p	payments to memb	ers	\$	Taxes – state							
Insurance (ot)	her than health insur	ance)	\$	Telephone							
Interest – mo	rtgage		\$	Utilitie	es			\$			
Interest – oth			\$	Wages				\$			
Internet servi	ce		\$	Other	expense	\$					
Legal and professional services			\$	Other expense							
Car Expense	S (use a separate fo	rm for each vehicle)	•								
Make/Model					Date car placed in service / /						
☐ Yes ☐ No		personal use during	off-duty hours?			1					
☐ Yes ☐ No		spouse) have any oth		ıl use?	e? Did you trade in your car this year? ☐ Yes ☐ No						
☐ Yes ☐ No					Cost of trade-in Trade-in value						
☐ Yes ☐ No Is your evidence written?					\$ \$						
Mileage					Actual Expenses						
Beginning of year odometer					Gas/oil						
End of year odometer				Insurance			9	\$			
Business mileage				Parking fees/tolls			5	\$			
Commuting mileage				Registration/fees \$			\$				
Other mileage				Repairs \$			3				
Generally, yo	u can use either the	e standard mileage ra	ate or actual expen	ses to fi	gure the c	leductible costs	of op	erating your car fo	r business pur-		
poses. Howev	ver, to use the stan	dard mileage rate, it	must be used in th	ne first y							
choose betwe	en either the stand	ard mileage rate met	thod or actual expe	enses.							
Equipment P	urchases – Enter t	he following informati	on for depreciable a	ssets pu	rchased tl	at have a useful l	life gı	eater than one year			
Asset				Date purchased		Cost	I	Pate placed in service	New or used?		
						\$					
						\$					
						\$					
Equipment S	old or Disposed o	f During Year									
Asset					Date out of service Date sold Selling price/FMV Trade-i						
								\$			
								\$			
								\$			
LLC Business Credits (if answered Yes for any of the below, please provide a statement with details)											
☐ Yes ☐ No		pay expenses to mak									
☐ Yes ☐ No Did the business pay any FICA on employee wages for tips above minimum wage?											
☐ Yes ☐ No Did the business own any residential rental buildings providing qualified low-income housing?											
☐ Yes ☐ No Did the business incur any research and experimental expenditures during the tax year?											
☐ Yes ☐ No Did the business have employer pension plan start-up costs? Total number of employees											
☐ Yes ☐ No Did the business pay health insurance premiums for employees? ☐ Total number of employees											
- 100 - 1VU	✓ Yes ✓ No Did the business pay health insurance premiums for employees? Total number of employees										

Estimated Tax Payments — Tax Year 2016								
Installment	Date paid	Federal	Date paid	State				
First		\$		\$				
Second		\$		\$				
Third		\$		\$				
Fourth		\$		\$				
Amount applied from 2015 refund?		\$		\$				
Total		\$		\$				

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
 future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Tax Matters Individual Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.