



CLIENT QUESTIONNAIRE

Business

Company Legal Name _____ Date _____

Trade Name, if any _____

Primary Contact Full Name: _____ Title of Contact: _____

Ownership: 1) Name _____ 2) % Ownership _____ 3) Foreign/Domestic (circle one)

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**If more than 50% ownership please list name and identification number for the owner.

**If foreign please provide address, identification number (if any) and list of transactions during the current year between the company and the foreign owner.

Brief description of business operations: _____

Domestic Address (Physical): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Foreign Address (if applicable): _____

Date Business Established: ___/___/___ Business Year-End: _____

State of Registration _____ Federal Tax ID: _____ Number of Employees: _____

Type of Business: ___Corporation ___S Corporation ___Sole Proprietorship ___Partnership

___Limited Liability Company ___Other (please specify) _____

Number of Locations: _____ List states/countries in which the business operates: _____

List states in which the business is registered: _____

State ID Number _____ Corporate charter number _____

If S Corporation, effective date of election as an S Corporation _____

Email: _____ Phone: _____

Phone (cell): _____ Fax: _____



COMPANY NAME: _____ DATE: _____

Attorney Name and Phone #: _____

Last time the income tax returns have been filed for the year _____

Sales tax returns filed regularly ___ yes ___ no ___ does not have to file

Outstanding tax balance with ___ IRS ___ state agencies

Please answer the following questions:

The company is covered by an existing Workers Compensation policy → ___YES* ___NO

*If yes, name of Insurance Company: _____

*If yes, coverage period is from _____(mm/dd/year) to _____ (mm/dd/year)

Please select yes or no for the following questions:

1. Do you own or control any other businesses? ___YES* ___NO

2. Are you a subsidiary of another company? ___YES* ___NO

3. Are there any union employees? ___YES* ___NO

*If yes, please provide more information regarding the entity structure, name of business, percent of ownership, leasing arrangements, or union plan information in the box below.

Business Value: \$_____ Approximate Annual Revenue: \$_____

Business valuation method (i.e. book value, estimate, other (explain)): _____

Signature of authorized person: _____

Date: ___/___/___

Title: _____



COMPANY NAME _____

Date _____

All taxpayers answer the following questions:

Provide details for any item answered yes.

- Yes No Was there any change in determining quantities, cost or valuations between opening and closing inventory?
- Yes No At any time during the year, did this business have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank, securities or other financial account)?
- Yes No Does this business have any foreign partners or shareholders?
- Yes No Do the uniform capitalization rules of Section 263A apply to this business?
- Yes No Did this business pay any taxes to a foreign government during the tax year?
- Yes No Did this business purchase any non conventional source fuel during the tax year?
- Yes No Did this business pay any expenses during the tax year to make business accessible or usable by individuals with disabilities?
- Yes No Did this employer pay any FICA on employee wages for tips above minimum wage?
- Yes No Is this business located in an empowerment zone (selected geographic location in need of economic recovery as designated by the Secretaries of HUD and Agriculture)?
- Yes No Did this business incur any research and experimental expenditures during the tax year?
- Yes No Does this business own any residential rental buildings providing qualified low income housing?
- Yes No During the current tax year, did this business hire any new employees from one of the following targeted groups: veterans, ex felons, vocational rehabilitation referrals, high risk or summer youths, or AFDC, food stamp or SSI recipients?
- Yes No Has this business filed, or is it required to file, Form 8264, *Application for Registration of a Tax Shelter*?

All partnerships, LLCs and LLPs answer the following questions:

- Yes No Are any partners in this partnership also partnerships?
 - Yes No Is this partnership a partner in another partnership?
 - Yes No Is this partnership subject to the consolidated audit procedures of Sections 6221 through 6233?
 - Yes No Is this partnership a publicly traded partnership as defined in Section 469(k)(2)?
 - Yes No Was there a distribution of property or a transfer (by sale or death) of a partnership interest during the tax year?
- Designation of tax matters partner (TMP). Enter name, address and tax ID number of the TMP:

All corporations answer the following questions:

- Yes No Is this corporation: filing a consolidated tax return, a member of a controlled group of corporations, a subsidiary in an affiliated group, or a parent subsidiary controlled group? If yes, provide details of all other related corporations.
- Yes No Is this corporation a personal holding company?
- Yes No Is this corporation a personal service corporation?
- Yes No Has this corporation made any estimated tax payments for the current tax year?
- Yes No Did this corporation receive any dividends from another corporation?
- Yes No Did this corporation pay any compensation to any of its officers and have total receipts of \$500,000 or more? If yes, provide name, Social Security number, percent of time devoted to business, percent of corporation common stock and preferred stock owned, and amount of compensation paid to the corporate officer.
- Yes No At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation?
- Yes No At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock?
- Yes No During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits?
- Yes No Was the corporation a U.S. shareholder of any controlled foreign corporation?
- Yes No During the tax year, did the corporation receive a distribution from, or was it the grantor of or transferor to, a foreign trust?
- Yes No Did this corporation issue publicly offered debt instruments with original issue discount?
- Yes No Did this corporation earn any tax exempt interest during the tax year?
- Yes No If this is an S corporation, does it have any built in gains or earnings and profits from when it was a C corporation, or any assets acquired from a C corporation with a basis determined by reference to its basis in the hands of a C corporation?

Details: _____
