

NEW BUSINESS CORPORATE WORKSHEET

BUSINESS INFORMATION

Business Name: _____

Doing Business As: _____

Business Address: _____

City or County of _____ State : _____ Zip Code: _____

YES NO

Is the business physical address different from the return address?

*If yes, list physical address: _____

Federal Tax ID: _____

Date Incorporated: _____ State of Incorporation: _____

TAX YEAR and FILING INFORMATION

Please check one:

- Calendar year
- Fiscal year – Ending month _____
- Short year – Beginning date _____

Please select how the business is classified:

- Sole proprietor
- LLC
- C – Corp
- S – Corp
- Partnership
- Trust

PARTNER INFORMATION

TOTAL NUMBER OF PARTNERS: _____ For each partner, list (attach additional sheets if necessary):

	#1	#2	#3	#4
First Name	_____	_____	_____	_____
Middle Initial	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Title	_____	_____	_____	_____
% of Ownership	_____	_____	_____	_____
Social Security #	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Email Address	_____	_____	_____	_____
Phone Number	_____	_____	_____	_____
Street Address	_____	_____	_____	_____
City, State, Zip	_____	_____	_____	_____

BANKING INFORMATION

(Required for direct deposit of tax refunds and/or electronic payments)

Please circle one: SAVINGS / CHECKING

Bank Name: _____

Routing No.: _____

Account No.: _____

YES NO

Enrolled in the Electronic Federal Tax Payment System (EFTPS).

*If yes, IRS Service Center where return is filed _____

Were any estimated tax payments?

*If yes, please provide the following:

1 st Quarter	\$ _____
2 nd Quarter	\$ _____
3 rd Quarter	\$ _____
4 th Quarter	\$ _____