



# Business Application

E	<input type="checkbox"/>	Last Served
P	<input type="checkbox"/>	
R	<input type="checkbox"/>	
<i>For Office Use Only</i>		

## Owner (TMP) / Contact Person

Last Name	First Name	M.I.	D.O.B	SSN#
Home Phone	Cell Phone	Home Street Address (Street, State and Zip)		

## Business Information

Company Name	Date Incorporated (      )	Start Date	EIN	Business Activity
State of Incorporation	Business Phone	Email		

## Business Address

Street Address	City	State	Zip	Own Building? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Business Type:**     C-Corp     Sole Proprietor     LLC     S-Corp     Partnership

## Additional Owner(s)

Additional Owner's Name(s)	D.O.B	SSN #	% Ownership	Active Participant?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Additional Information

Date of S-Corp Election \_\_\_\_\_

Principal Product or Service \_\_\_\_\_

Accounting Method \_\_\_\_\_

Business Resident State \_\_\_\_\_

Principal Business Code \_\_\_\_\_

Prior Year Tax Return \_\_\_\_\_

**Previous Tax Return Filed?**     Yes     No

## Checklist

<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Payroll
<input type="checkbox"/> Capital Contributed	<input type="checkbox"/> Office Expenses
<input type="checkbox"/> Asset Listings	<input type="checkbox"/> Auto Expenses/Mileage
<input type="checkbox"/> B / E Inventory Basis	<input type="checkbox"/> Financial Statements

The purpose of this form is to gather information to be used to prepare your tax return. All information is implicitly protected and will not be used except for that purpose. Applicant, by the use of this form, gives Tax Depot Financial Services permission to transmit the tax return to the IRS and/or EPS Financial.

Signature \_\_\_\_\_

Phone: 770. 641. 8814  
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