



Business Intake Form

Name of Business: _____

Type of Entity: Sole Proprietorship ____ Partnership ____ LLC ____ S Corp ____ C Corp ____

Address of Business _____

Is this location a part of your home: _____ or in a separate distinct location _____

Federal EIN Number: _____

Owner's Name: _____

Owner's SSN: _____

Owner's Address: _____

Owner's Phone Number: (H) _____ (C) _____ (W) _____

Owner's Email: _____

Co-Owner's Name (If applicable) _____

Co-Owner's SSN (if applicable) _____

Co-Owner's Address (if applicable) _____

Co-Owner's Phone Number: (H) _____ (C) _____ (W) _____

Co-Owner's Email: _____

If applicable, please provide the names, SSN, and Addresses of any partners or shareholders

1. _____
2. _____
3. _____
4. _____

What month/year did you start conducting business _____

Has the state registration process been completed Yes _____ No _____

If yes, which state and what is your state registration number: _____

If no, when do you plan to complete this task? _____

Please provide a copy of any requisite license or permit to operate (If applicable) and any state registration papers.

Are there any paid employees or contractors? Yes _____ No _____

- **Employee:** Under common-law rules, anyone who performs services for you is your employee *if you can control what will be done and how it will be done*. This is so even when you give the employee freedom of action. What matters is that you have the right to control the details of how the services are performed
- **Independent Contractor:** The general rule is that an individual is an independent contractor if the payer has the right to control or direct only the result of the work and not what will be done and how it will be done.

If yes, please provide the name/firm which prepares the payroll and completes the necessary quarterly and end of the year tax reporting?

Does the business have a separate business checking account? Yes _____ No _____

If not, when will it be established? _____

If yes, please provide the name and address of the institution where the business account is being held?

Please provide at least the previous 3 year personal tax returns showing how the business was included.

Do you have written documentation (receipts, cancelled checks, log books, sales invoices, inventory, 1099's, etc.) categorizing your business expenses and business income?

- **Note: To be deductible, business expenses must be both ordinary and necessary in this specific type of business.**

Do you have any business insurances including liability, auto, medical, equipment, etc. as might be ordinary and necessary in this type of business? Yes _____ No _____

Signature and Disclaimer

The information and documents that I have provided with this intake form to MMA to complete my 2014 tax return is true, accurate, to the best of my knowledge. I recognize that it is my/our responsibility and I/we agree to maintain all back up records, documentation, statements. etc. to justify any item that is entered on my tax return and will hold MMA harmless should I fail to do so or that it is later determined that I did not report a required item.

Owner's Signature: _____ Date: _____

Co-Owner (if applicable) _____ Date: _____