

Year _____ CORP & PARTNERHSIP TAX RETURN QUESTIONNAIRE
年报税签收清单

Please check the box for information received below

<input type="checkbox"/>	Corporate/Partnership Name:		(New client only)
<input type="checkbox"/>	Tax ID Number		(New client only)
<input type="checkbox"/>	Current Address:		(New client only)
<input type="checkbox"/>	Year-end bank statement		(All clients)
<input type="checkbox"/>	Balance Sheet and Asset list		(All clients)
<input type="checkbox"/>	P&L		(All clients)
<input type="checkbox"/>	Year-end fixed asset lists		(All clients)
<input type="checkbox"/>	Certificate of Incorporation		(New client only)
<input type="checkbox"/>	IRS Fein Number Letter		(New client only)

Others: _____

Partner/Shareholder 1	Social Security Number:	Shares/Percentage Ownership
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		

Partner/Shareholder Contributions/Distributions

Name of Partner/Shareholder	Contributions	Distributions

Shareholder Loans (Only applies to S-Corps)

Name of Shareholder	Loans to S-Corp	Repayments by S-Corp

I know that I take sole responsibility to the all information provided and prove that the above is true and accurate to my best knowledge.

Client sigature and Date