## **CLIENT INFORMATION SHEET FOR BUSINESS TAX PREPARATION** A.V.R.H & Co.

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Tax Year :			Data Collection Date :				Alr	Already Filed with AGI (Tax Year) :			
FILING STATUS INFORMATION (Please check the appropriate status)											
Partnership (Form 1065)											
C-Corporation (Form 1120)											
BUSINESS INFORMATION											
Name of Business											
FEIN Date of Business Started					Business C				Code (NAICS)		
Business Activity											
Principal Business Address											
Accounting Method Name of Representative Partner											
PARTNERS INFORMATION Partner's Share											
S. No	First Name	Last Name	SS	SN	(%)	Er	Email Address		Contact No.	Address	
1											
2											
3											
4											
5											
CENERAL INFORMATION / DOCUMENTS PROVIDED											
GENERAL INFORMATION / DOCUMENTS REQUIRED  Please provide the Current year Balance Sheet  Bank Nai									Bank Name	BANK INFORMATION nk Name	
	Please provide the Profit & Loss statement  Please provide the Certificate of Formation / Article of Formation  Please provide the EIN Letter  Bank Account Number										
										ount Number	
	Please provide the Letter from the Comptroller's Office of Public Accounts (pertaining to Franchise Tax filing)  Black Provide the VT Number/Mobile Number for filing the Franchise Tax (FTD) for Taxes based antition.  Bank Pouting Number										
	Please provide the XT Number/Webfile Number for filing the Franchise Tax (FTR) for Texas-based entities    Please provide all the tax source documents related to the business										
ASSETS INFORMATION											
S No	Assats (Equipment	Machinary Compu	tor/Lanton)					Maka 9	Model	Purchase Value	
	Assets (Equipment,	ssets (Equipment, Machinery, Compute		er/Laptop) Purchase Date			Make & Model		Modet	rui ciiase value	
1											
2											
3											
4											
5											
At your request we will process the information from this sheet and other documents provided by you. If you decide not to use our services for any or all reasons, you will owe us the processiing fee of \$95.00.											
(PLEASE NOTE: RETURN WILL NOT BE PROCESSED AND COPY WILL NOT BE PROVIDED UNTIL THE FEE IS COLLECTED.)											
By signing below, I certify that I have read the above mentioned information and that everything hereon is correct to the best of my knowledge.											
By sig	ning below, I certify	that I have read th	e above me	entioned i	nformation an	d that eve	rything hereo	on is co	rrect to the best of r	my knowledge.	
Print Name				Representative Partner Signature					-	Date	