2023 Business Tax Organizer

Name of Business:	Tax ID Number/f	Tax ID Number/EIN (if applicable):		
Business Address (Include City, St, Zip):				
Principal Activity/Product/Service:				
Type of Entity: S-Corp (1120S) Partnership (1065)	Non-Prof	it (990) 🔲 C-C	orp 🗌	
Accounting Method: Cash Accrual Other Other Description:				
Calendar Year)			
YES NO Did you make payments of \$600+ to subcontractor If yes, did you issue Form 1099-NEC? (provide copies of Note to be provided to be prov	oies) W2s) rs? yes, provide premiu	m amount paid during		
List of Shareholders/Officers				
Shareholder Name:	SSN:	Title:	Share %:	
Shareholder Address (Include City, St, Zip):				
Shareholder Name: Shareholder Address (Include City, St Zip):	SSN:	Title:	Share %:	
Shareholder Name:Shareholder Address (Include City, St Zip):	SSN:	Title:	Share %:	
Shareholder Name:	SSN:	Title:	Share %:	
Shareholder Address (Include City, St, Zip):				
Please check here if you subscribe to our QuickBooks Service *If you do not subscribe to our QuickBooks Service Please list any asset purchases for depreciation:		our own Profit & Loss d	ocumentation*	
Description: Date Acqui	red:	Cost:	Business Use (%):	
Description: Date Acqui	red:	Cost:	Business Use (%):	
Description: Date Acqui	red:	Cost:	Business Use (%):	
Description: Date Acqui	red:	Cost:	Business Use (%):	
NOTES:				