

OA Tax Partners

Tax Accountants

777 Larkfield Road Suite 114
Commack, NY 11725
Tel: (631) 858-2200
Fax: (631) 858-2213
E-mail: info@oataxpartners.com

Dear Client:

2020 Business Tax Questionnaire enclosed for Corporations, Partnerships, LLC's and Schedule C's.

S-Corporate, Partnership and multi-member LLC tax returns are due by March 15, 2021. Submit your tax information for those type of entities to us by **February 24, 2021** to allow us the appropriate amount of time to properly complete your business tax returns and send them to you by the tax filing due date.

Any business tax information received between February 25, 2021 - March 10, 2021 will be placed on an automatic six month extension with the IRS. The return will be completed by May 15, 2021. If you would like us to file an automatic six month extension on your behalf without sending in the business tax information you **MUST** contact us via **EMAIL ONLY** (INFO@OATAXPARTNERS.COM) no later than March 10, 2021. Filing an extension will alleviate the IRS penalty for late filing, but late payment penalties and interest will still apply.

DUE TO IRS AND STATE REGULATIONS OA TAX PARTNERS CANNOT FILE AN EXTENSION ON YOUR BEHALF WITHOUT A REQUEST IN WRITING.

Please note a completed business questionnaire is required to prepare your business tax return. Include any accounting system reports in addition to the completed questionnaire if available. If you have any questions, please note them within the questionnaire, so I can discuss them with you when your tax return is prepared.

Please mail the completed tax packet to our office at 777 Larkfield Rd, Suite 114, Commack, NY 11725.

Sincerely,

Mike Miller
OA Tax Partners

IF YOU RECEIVED A PPP LOAN FOR 2020 YOU MUST INCLUDE DETAILS OF THE LOAN WITH YOUR OTHER DOCUMENTS

MUST COMPLETE

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Please be advised we require **payment for services** upon completion of your business tax returns. We included space for you to provide your credit card information below. We will charge the card prior to mailing you the completed tax returns. Thank you.

Credit Card Info
Account #:
CVV2 Code:
Name on Card:
Expiration Date:
Signature:

BUSINESS QUESTIONNAIRE FOR TAX YEAR 2020

OA Tax Partners
www.OATaxPartners.com

PHONE #: 631-858-2200
FAX #: 631-858-2213

CHECK BOX IF YOU DO NOT PERMIT US TO DISCUSS THE RETURN WITH TAXING AUTHORITIES

CHECK BOX IF YOU HAVE A NEW ADDRESS

MAILING ADDRESS TO SEND RETURN IF DIFFERENT

CHECK BOX IF YOU ARE A NEW CLIENT

CHECK BOX IF FINAL RETURN

CHECK BOX IF INITIAL RETURN

CHECK BOX IF ON EXTENSION

QUESTION: Did you pay \$600 or more for services performed to anyone who is not a Corporation? YES or NO

BUSINESS NAME: _____ **Year Ended:** _____

Federal ID#: _____ **State #:(if any)** _____

Type of entity: C Corp S Corp LLC LLP Partnership Sole Proprietor

Street Address _____

City _____ State _____ Zip _____

Business Activity _____ Product or Service _____

Method of Accounting if known: Mark One Cash or Accrual Inventory Method

Date Incorporated _____ State where Incorporated _____

Date Business Began _____ Date of S Corp Election _____

Phone No. (Work) _____ E-Mail Address _____

Fax No. _____ Cell Phone No. _____ Location of Records _____

SHAREHOLDERS, PARTNERS, OR MEMBERS

Check Box If New	Name / Title	Date of Birth	Social Security #	Address	% of Stock or % Profit Sharing & # Shares Owned	General or Limited Partner

ELECTRONIC PAYMENT INFO (for Business Tax Payments)

Name of Bank:	Routing #:
Account: Business or Personal	Account #:
Type of Account: Checking or Savings	Name on the Account:

INCOME AND EXPENSES

REVENUE	Amount
Gross Receipts or Sales	
Rental Income	
Interest Income	
Dividend Income	
Tax Exempt Income	
Other	
Less returns and allowances	
TOTAL NET REVENUE	

COST OF GOODS SOLD	Amount
Beginning Inventory	
Purchases	
Materials and Supplies	
Other	
Ending Inventory	
TOTAL COST OF GOODS SOLD	

EXPENSES	Amount
Accounting	
Advertising	
Answering Service	
Auto (See separate auto expense section) & Truck Expense	
Bad Debts	
Bank Charges	
Charitable Contributions	
Commissions	
Delivery & Freight	
Dues & Subscriptions	
Employee Benefit Programs	
Equipment Rental	
Fees	
Gifts	
Insurance	
Insurance: Officers Health	
Life Ins.	

DEPRECIATION AND AMORTIZATION (Ex: Computer, Equipment, Furniture, Start up Costs, Etc.)		
Description of Property	Date Placed in Service	Cost or Basis

BALANCE SHEET QUESTIONS	YEAR-END VALUE
What is your year-end cash balance from your bank account(s)?	
What is your year-end Accounts Receivable balance? If any. List or attach summary.	
What is your YEAR-END INVENTORY balance? If any.	
What is your year-end Accounts Payable balance? If any. List or attach summary.	
Does the business have any outstanding loans? If so, please list the bank name, type of loan, & year-end balance(s) below?	
Did the officer/shareholder loan any monies to the business? If so, how much?	
Did the business repay any loans from shareholder(s)? If so, how much?	

ESTIMATED TAX & EXTENSION	AMOUNT PAID
Did the business make any estimated tax payments to Federal, State and/or Local tax agencies? If so, please list government agency, date paid and amount paid below.	
Did the business make any extension tax payments to Federal, State and/or Local tax agencies? If so, please list government agency, date paid and amount paid below.	

AUTO EXPENSES (Do not include commercial vehicles in this section)

Information about Your Vehicle	Auto 1	Auto 2
Make/Model/Year		
Date Purchased or Place in Service		
Is vehicle used primarily by a more than 5% owner?		
Is vehicle available for off-duty use?		
Is any other vehicle available for personal use?		
Mileage		
Business Mileage		
Other Mileage		
Actual Auto Expenses		
Gas, Lube, Oil		
Insurance		
Interest on a vehicle loan		
Licenses/Parking permits		
Parking Fees & Tolls		
Personal Property Taxes (Based on Auto's Value)		
Repairs		
Tires		
Vehicle Leased Payments		
Other		
TOTAL ACTUAL AUTO EXPENSES		