

TAX SOLUTIONS US EA LLC

Business Onboarding Organizer

| GENERAL INFORMATION | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal business/profession | |
| Principal IRS business code | |
| Business Formation Type? | <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp |
| State Registration? | |
| State of LLC Registration? <i>LLC is a disregarded entity, how are your taxes filed?</i> | <input type="checkbox"/> Single Member <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp |
| Business Name | |
| Business Address | |
| City, State, Zip | |
| Phone and Email | |
| Website | |
| Year company was founded | |
| Employer identification number (EIN) | |
| Accounting method | <input type="checkbox"/> Cash <input type="checkbox"/> Accrual |
| Number of years using current accounting method | |
| Do you have inventory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inventory Method | <input type="checkbox"/> Cost <input type="checkbox"/> lower cost/market <input type="checkbox"/> other |
| If other, explain | |
| Do you use an inventory program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, name and type (cloud, desktop, etc.) | |
| | |

| | |
|---------------------------------------------|----------------------------------------------------------|
| <i>Duplicate as many times as necessary</i> | |
| MEMBER(S)/SHAREHOLD(S) | |
| Name: | |
| Address: | |
| City, State, Zip | |
| Phone/Email | |
| Title | |
| Does this member have a financial interest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain? | |
| If no, how are they compensated? | |
| Social Security Number: | |
| Number of shares held: | |
| Amount of capital invested? | \$ |
| | |
| MEMBER(S)/SHAREHOLD(S) | |
| Name: | |
| Address: | |
| City, State, Zip | |
| Phone/Email | |
| Title | |
| Does this member have a financial interest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain? | |
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| Social Security Number: | |
| Number of shares held: | |
| Amount of capital invested? | \$ |
| | |