

EST. 1993



Tax Service

Business Taxes Client Intake Form

Is this your first time filing taxes with DPS Tax Services?

Yes

No

If yes, when was the last year you filed?

Name:

Business Name: _____

Type of Business: _____

Email: _____

Phone Number: _____

EIN: _____

Business Address:

Total Gross Income: _____

Expenses:

	Amount
Advertising	
Bank Fees	
Contract Labor	
Business Insurance	
Legal Fees	
Office Supplies	
Client Gifts	
Professional Fees	
Shipping Costs	
Equipment/Vehicle Costs	
Office Rent	
General Supplies	
Licenses	
Business Fees	
Business Meals	
Travel Costs	
Utilities	
Cell Phone	
Website	
Maintenance Costs	
Fuel	
Business Mileage	
Vehicle Maintenance Costs	
Vehicle Insurance	
Uniforms	
Miscellaneous	
TOTAL EXPENSES	

Business Vehicle Information:

What year did you place your vehicle in service for your business? _____

Make: _____

Model: _____

Year: _____

Miles for business: _____

Miles for personal use: _____

Do you use another vehicle for personal use?

Yes No

Do you have documentation to support your deduction for vehicle use?

Yes No

Bank Account Information:

In case you receive a refund, please provide information for direct deposit:

Name of bank: _____

Routing Number: _____

Account Number: _____

By checking this box, I certify all information is true and correct to the best of my knowledge.