

Client file:

Welcome to our firm, please complete the following to help us better serve you for 2019: Type of Form Filed:

Business name: _____ EIN: _____
 Phone: _____
 Fax: _____
 Address: _____ Cell phone: _____
 Email address: _____

I wish to receive my tax return in the following format (charges are donated to National Multiple Sclerosis Society):

Paper \$5.00 _____ Portal _____ CD or memory stick supplied by me _____

Please note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party – we will no longer provide your information directly to a 3rd party.

	YES	NO	N/A
Do you give Davis-Smith Accounting Associates permission to send invoices & statements via email?			
Did you make any payments (\$600.00 or more) in 2019 that would require you to file form(s) 1099?			
If yes, did you or will you file ALL required forms 1099?			
Did you have employees?			
If yes,			
a. Did the business provide health insurance to the employees?			
b. Did you offer ANY type of benefits to your employees (health/dental/visions, life, etc)			
Did you make use of or have transactions in any form of crypto-currency, such as Bitcoin, Amazon Coin, etc.?			
Did you have income from an on-line business (E-bay or Etsy) or income from Uber, Lyft or Airbnb?			
Did you have foreign bank account or have an interest in a foreign trust? Please note: Penalties for failure to report foreign source income or ownership of a foreign account start at \$10,000.00 per violation.			
IF YOU OWN RENTAL PROPERTY:			
On a regular basis (at least bi-weekly) & continuous throughout the year, and do you consult with advisors, property managers or personally visit the property?			
Is the activity conducted with a profit motive?			
Do you spend several hours regularly or bi-weekly dealing with the advisors, managers or personally with tenants, repair or maintenance companies or on-site issues?			
Do you maintain written calendar time records to prove the regular, substantial, continuous activity?			
FOR PARTNERSHIPS ONLY:			
If eligible, in the event of an audit, do you opt out of audit assessments being applied and paid at the partnership level (highest individual tax rate, 37%)?			
Please name the person you have chosen to be your Partnership Representative in the box below			

Signature: _____

Date: _____