

PC Touch Services, Inc.
At The Services of Individuals and Small Businesses
Tax Return Customers Information

First Name	Name	
M.I.	M.I.	
Last Name	Last Name	
SSN	SSN	
Occupation	Occupation	
Date of Birth	Date of Birth	
Marital Status		
Street	Apt.	
City	State	Zip:
Email		
Home Phone	Bus. Phone	

Dependents

First Name	Dependent live with you:
M.I.	
Last Name	Care Provider
SSN	EIN
Date of Birth	Care Expense
First Name	Dependent live with you:
M.I.	
Last Name	Care Provider
SSN	EIN
Date of Birth	Care Expense

PC Touch Services, Inc.
Client Information Request
Date ____/____/20____

Company Name: _____ **DBA:** _____

Address: _____

Phone No.: (____) _____ - _____ **Fax No. :** (____) _____ - _____

Employer Identification Number (EIN): _____ - _____ (9 digits)

Date of Creation: ____/____/____

Company is:

Calendar Year: Yes | No

Fiscal Year: Start ____/____ **to** ____/____

Business Activity: Product(s) | Service(s) **Principal Product / Service:** _____

Proprietor Name: _____ **SSN:** _____ - _____ - _____

Address: _____

Name of Tax Matter/President: _____

Necessary Information for Balance Sheet
As of Dec. 31, 20_____

ASSETS

Annual Amounts

Checking Account.....	_____
Accounts Receivable.....	_____
Loan to proprietor	_____
Inventory.....	_____
Prepaid Expenses.....	_____
Property and Equipment.....	_____
Computers and Peripherals.....	_____
Other Assets.....	_____
Security Deposits.....	_____

LIABILITIES AND CAPITAL

Accounts Payable (breakdown if necessary)	_____
Loan from proprietor	_____
Sales Tax Payable.....	_____
Deductions Payable.....	_____
Federal Payroll Taxes Payable.....	_____
FUTA Payable.....	_____
State Payroll Taxes Payable.....	_____
SUTA Payable.....	_____
Income Taxes Payable.....	_____
Customer Deposits.....	_____
Long-Term Liabilities (breakdown if necessary)	_____
Capital (Investment).....	_____

Necessary Information for Profit/Loss
As of Dec. 31, 20 _____

Revenues:

Principal Income..... _____
Interest Income..... _____
Finance Charge Income..... _____
Other Income..... _____

Expenses:

Wages Expense..... _____
Employee Benefit Programs..... _____
Payroll Tax Expense..... _____
Income Tax Expense..... _____
NYS Sales Tax..... _____
Other Taxes Expense..... _____
Rent or Lease Expense..... _____
Maintenance & Repairs Expense..... _____
Web-hosting Services Expenses..... _____
Gas..... _____
Electricity..... _____
Supplies and accessories..... _____
Telephone Expense..... _____
Meals and Entertainments..... _____
Travel Expense..... _____
Other Office Expense..... _____
Advertising Expense..... _____
Shipping and Handling..... _____
Postage and Stamps..... _____
Bank Service Charge..... _____
Business Leads..... _____
Dues and Membership..... _____
Insurance Expense..... _____
Computer Accessories..... _____
Licensing and Permit Expenses..... _____
Miscellaneous Expense..... _____

Total Expenses..... _____
Net Income (Loss)..... _____

