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### Client Set-Up Information Sheet

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Client ID (FEIN / SSN): \_\_\_\_\_

Client Account Number: \_\_\_\_\_

Date Incorporated and/or \_\_\_\_\_

Date Business Began \_\_\_\_\_

Tax Return Type (Type One): Sch C. (Sole Proprietorship) Sch E (Rentals)  
 1065 1120 1120S

Method of Accounting \_\_\_\_\_

Address: \_\_\_\_\_  
 Street

City State Zip

Phone Fax

E-Mail

## Things I Will Need Copies if Applicable:

1. Copy of the Organizational papers with the Corporation, Partnership agreement
2. Tax Returns, Past 2 years ( I KNOW DOES NOT HAVE )
3. Financial Statements, Past 2 years ( I KNOW DOES NOT HAVE )
4. Bank Statements for all bank accounts
5. Pre-Paid Expenses
  - a. i.e.: Insurance paid several months at a time
6. List of Assets:
  - a. Description,
  - b. Date of purchase,
  - c. Date placed in service,
  - d. Purchase price or Basis
7. Depreciation Schedule from prior year(s)
8. List of Clients who owe you money
9. Purchase orders for inventory parts
10. Inventory on hand
11. Accounts Payable & Other Short-term Debt:
  - a. All outstanding bills
  - b. All short-term outstanding amounts owed (i.e.: Credit Cards, items to be paid within a year's time period)
12. Long-term Debts:
  - a. Financing/Loans from Banks
  - b. Money from Owner(s) used to support the company, but expected to be paid back (Money not used for the initial investment)
13. Copies of any lease agreements you may have.
14. Initial investment of each partner
15. List of company expenses paid for out of owner(s)'s pocket directly from personal funds.
16. Money from the company/company funds paid out to the partners.
17. All receipts/invoices/purchases categorized according to the Chart of Accounts that I have attached. Any item that does not fit into the listed categories should be given a classification and that account added to the chart of accounts.
18. List of contract workers who are to receive 1099s at the end of the year:
  - a. Name
  - b. Social Security Number or EIN
  - c. Address & Phone Number

# Chart of Accounts

Account	Type	Account	Type
Checking	Bank	Printing and Reproduction	Expense
Savings	Bank	Professional Fees:Accounting	Expense
Accounts Receivable	Accounts Receivable	Professional Fees:Legal Fees	Expense
Inventory Asset	Other Current Asset	Professional Fees: Other	Expense
Computers	Fixed Asset	Rent: Building/Office	Expense
Furniture/Fixtures	Fixed Asset	Rent: Equipment	Expense
Tools & Equipment	Fixed Asset	Repairs & Maintenance	Expense
Vehicles	Fixed Asset	Supplies	Expense
Pre-paid Insurance	Other Asset	Taxes: Sales Tax	Expense
Accounts Payable	Accounts Payable	Taxes:Property	Expense
Credit Card	Credit Card	Taxes:Other	Expense
Sales Tax Payable	Other Current Liability	Telephone	Expense
Note Payable	Long Term Liability	Travel	Expense
Vehicle Loans	Long Term Liability	Utilities	Expense
Partner 1 - Equity	Equity	Interest Income	Other Income
Partner 1 - Draw	Equity	Other Income	Other Income
Partner 2 - Equity	Equity	Other Expenses	Other Expense
Partner 2 - Draw	Equity		
Partner 3 - Equity	Equity		
Partner 3 - Draw	Equity		
Partner 4 - Equity	Equity		
Partner 4 - Draw	Equity		
Product Sales	Income		
Other Income	Income		
Cost of Goods Sold: Product	Cost of Goods Sold		
Cost of Goods Sold: Labor	Cost of Goods Sold		
Cost of Goods Sold: Supplies	Cost of Goods Sold		
Cost of Goods Sold: Other	Cost of Goods Sold		
Freight & Delivery	Cost of Goods Sold		
Advertising	Expense		
Bad debt	Expense		
Bank Service Charges	Expense		
Contract Labor	Expense		
Depreciation Expense	Expense		
Dues and Subscriptions	Expense		
Gifts & Remembrances	Expense		
Licenses & Permits	Expense		
Insurance	Expense		
Interest Expense	Expense		
Meals & Entertainment	Expense		
Miscellaneous	Expense		
Office Supplies	Expense		
Officer Salaries	Expense		
Parking & Tolls	Expense		
Postage	Expense		

# Owner/Shareholder/Partner Information Sheet

Shareholder/Partner

ID Number (FEIN / SSN)

Street Address

City, State, Zip

% Ownership

Profit

Losses

Capital

Shareholder/Partner

ID Number (FEIN / SSN)

Street Address

City, State, Zip

% Ownership

Profit

Losses

Capital

Shareholder/Partner

ID Number (FEIN / SSN)

Street Address

City, State, Zip

% Ownership

Profit

Losses

Capital

Shareholder/Partner

ID Number (FEIN / SSN)

Street Address

City, State, Zip

% Ownership

Profit

Losses

Capital

## Questionnaire

1. Will you need user names & passwords for multiple users?
2. Do you wish to customize your invoices?
3. Do you wish to use the bill paying and credit card functions available in QuickBooks?
4. Will you be printing checks directly from the QuickBooks System?
5. Do you need to assign payment terms for your customers?
6. Will you make sales in multiple states?
7. Do you wish to use the reminders in QuickBooks?
8. Please have a list of other desires/concerns/requests.