LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

FOR TAX YEAR: _____

BUSINESS NAME: _____ TAX ID/EIN ___ ___ - ___ ___ ___ ___ ___ ___ ___

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BUSINESS CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NEW/FIRST YEAR CLIENTS

TYPE OF RETURN: ☐ PARTNERSHIP ☐ S-CORP

LLC TAXED AS: ☐ PARTNERSHIP ☐ S-CORP

YEAR OF FORMATION _____ STATE OF FORMATION _____

ALL CLIENTS:

DID YOU PAY ANY CONTRACTORS MORE THAN $600? ☐ Y

DID YOU ISSUE 1099-NEC, IF REQUIRED? ☐ Y

DID THE BUSINESS SELL, EXCHANGE OR OTHERWISE DISPOSE OF A DIGITAL ASSET? ☐ Y

DID THE BUSINESS HAVE FOREIGN (NON-US) SALES OR BUSINESS ACTIVETY? ☐ Y

REQUIRED DOCUMENTATION:

1. COMPLETED PARTNER/SHAREHOLDER INFORMATIONFOR EACH OWNER (SEE NEXT PAGE)

2. PROFIT AND LOSS REPORT FROM BOOKKEEPING SOFTWARE OR
   FILL OUT THE ATTACHED INCOME AND EXPENSE INFORMATION
   (OR PROVIDE EQUIVALENT INFORMATION)

3. BALANCE SHEET REPORT FROM BOOKKEEPING SOFTWARE
   OR FILL OUT THE ATTACHED BALANCE SHEET INFORMATION
   (OR PROVIDE EQUIVALENT INFORMATION)

4. IF YOU USE A HOME OFFICE, PLEASE FILL OUT A HOME OFFICE WORKSHEET

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

PARTNER/SHAREHOLDER INFORMATION

NAME: _____ SSN/TAX ID ___ ___ ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THIS OWNER IS (CHECK ALL THAT APPLY):

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ S-CORP

☐ IRA ☐ LIMITED PARTNER ☐ FOREIGN (NON-US)

OWNERSHIP % _____ INITIAL/CURRENT BASIS (FROM PREVIOUS RETURN): _____

DID THIS OWNER CONTRIBUTE PROPERTY IN LIEU OF CASH? ☐ Y

IF YES, FAIR MARKET VALUE OF PROPERTY WHEN CONTRIBUTED: $_____

DOES THIS PROPERTY HAVE BUILT-IN GAIN OR LOSS: ☐ Y

NAME: _____ SSN/TAX ID ___ ___ ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THIS OWNER IS (CHECK ALL THAT APPLY):

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ S-CORP

☐ IRA ☐ LIMITED PARTNER ☐ FOREIGN (NON-US)

OWNERSHIP % _____ INITIAL/CURRENT BASIS (FROM PREVIOUS RETURN): _____

DID THIS OWNER CONTRIBUTE PROPERTY IN LIEU OF CASH? ☐ Y

IF YES, FAIR MARKET VALUE OF PROPERTY WHEN CONTRIBUTED: $_____

DOES THIS PROPERTY HAVE BUILT-IN GAIN OR LOSS: ☐ Y

NAME: _____ SSN/TAX ID ___ ___ ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THIS OWNER IS (CHECK ALL THAT APPLY):

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ S-CORP

☐ IRA ☐ LIMITED PARTNER ☐ FOREIGN (NON-US)

OWNERSHIP % _____ INITIAL/CURRENT BASIS (FROM PREVIOUS RETURN): _____

DID THIS OWNER CONTRIBUTE PROPERTY IN LIEU OF CASH? ☐ Y

IF YES, FAIR MARKET VALUE OF PROPERTY WHEN CONTRIBUTED: $_____

DOES THIS PROPERTY HAVE BUILT-IN GAIN OR LOSS: ☐ Y

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

TYPE OF BUSINESS OR SERVICE:
DO YOU HAVE INVENTORY? YES ☐ NO ☐
DID YOU WORK IN MULTIPLE STATES? ☐ YES
DID YOU CLOSE THIS BUSINESS IN 2025? YES ☐

INCOME	$
GROSS INCOME (include all income from cash, checks, credit cards and other electronic payments.)	$
PORTION REPORTED ON 1099 K	$
PORTION REPORTED ON 1099 MISC/NEC	$
REFUNDS/RETURNS OF SALES INCLUDED IN GROSS INCOME	$

COST OF GOODS SOLD

DO YOU MANUFACTURE OR PRODUCE A PRODUCT FOR SALE TO CUSTOMERS YES ☐ NO ☐
DO YOU MAINTAIN INVENTORY YES ☐ NO ☐
STARTING INVENTORY (WHOLESALE COST)If number does not match ending inventory from last year, attach explanation $
PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE $
COST OF LABOR TO MANUFACTURE OR ASSEMBLE GOODS $
MATERIALS AND SUPPLIES $
ENDING INVENTORY (WHOLESALE COST) $

EQUIPMENT WITH A COST OF $2500 OR GREATER

DESCRIPTION OF ITEM	DATE PURCHASED	COST
		$
		$
		$
		$
		$
		$
		$

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

EXPENSES			
ACCOUNTING	$	PERMITS/FEES	$
ADVERTISING	$	POSTAGE/SHIPPING	$
AUTO/MILEAGE REIMBIRSEMENT	$	REPAIRS AND MAINTENANCE	$
BANK FEES	$	RENTS	$
CELL PHONE	$	SUPPLIES	$
DUES AND SUBSCRIPTIONS	$	TAXES: CITY OF PORTLAND	$
EDUCATION/TRAINING	$	TAXES: TRIMET (PARTNERSHIP ONLY)	$
EMPLOYEE BENEFITS	$	TAXES: OREGON (not any personal)	$
EQUIPMENT RENTAL	$	TAXES: PAYROLL	$
GIFTS	$	TAXES: PROPERTY	$
INSURANCE: GENERAL	$	LICENSES	$
INSURANCE: LIABILITY	$	TRAVEL	$
INSURANCE: WORKERS COMP	$	UNIFORMS/SAFETY	$
INTEREST	$	UTILITIES	$
INTERNET	$	WAGES—OWNERS (S-CORP ONLY)	$
LAUNDRY/CLEANING	$	WAGES-NON-OWNERS	$
LEGAL AND PROFESSIONAL	$	GUARANTEED PAYMENTS FOR SERVICE (PARTNERSHIP)	$
MEALS (LOCAL AND TRAVEL)	$	GUARANTEED PAYMENTS-OTHER (PARTNERSHIP ONLY)	$
OFFICE EXPENSES	$	HEALTHCARE—PARTNERS (PARTNERSHIP ONLY)	$
PARKING	$	OTHER:	$
PAYROLL PROCESSING	$		$

DISTRIBUTIONS

PLEASE GIVE A TOTAL AMOUNT PAID FROM THE BUSINESS TO EACH OWNER/PARTNER (DO NOT INCLUDE WAGES TO SHAREHOLDERS OR GUARANTEED PAYMENTS TO PARTNERS)

IF ASSETS (LAND/EQUIPMENT) WAS GIVEN TO AN OWNER/PARTNER, PLEASE PROVIDE THE FAIR MARKET VALUE OF THE ASSET.

NAME	TOTAL CASH RECEIVED	TOTAL VALUE OF GOODS RECEIVED

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

CITY OF PORTLAND/MULTNOMAH COUNTY
attach a QuickBooks report "Income by Client Summary" and indicate which clients are in the City of Portland and Mult/Clack/Wash counties

SALES TO CLIENTS IN THE CITY OF PORTLAND $ _____

SALES TO CLIENTS IN MULTNOMAH/CLACKAMAS/WASHINGTON COUNTY $ _____

BALANCE SHEET

ASSETS

ACCOUNT	BALANCE ON 1/1	BALANCE ON 12/31
BUSINESS CHECKING		
BUSINESS SAVINGS		
INVENTORY		
EMPLOYEE ADVANCE		
ACCOUNTS RECEIVABLE		

LIABILITIES

ACCOUNT	BALANCE ON 1/1	BALANCE ON 12/31
ACCOUNTS PAYABLE		
BUSINESS CREDIT CARDS		
OTHER LONG TERM LOANS		
GIFT CARDS/CERTIFICATES		

CAPITAL CONTRIBUTIONS
PLEASE PROVIDE AMOUNTS CONTRIBUTED BY PARTNERS/SHAREHOLDERS IN 2025

NAME OF PARTNER/SHAREHOLDER	AMOUNT CONTRIBUTED

LOANS TO PARTNERS/SHAREHOLDERS

NAME OF PARTNER/SHAREHOLDER	INTEREST RATE	BALANCE ON 1/1	BALANCE ON 12/31

LOANS FROM PARTNERS/SHAREHOLDERS

NAME OF PARTNER/SHAREHOLDER	INTEREST RATE	BALANCE ON 1/1	BALANCE ON 12/31