# All in One Tax Services

# Franchise Tax Client info Sheet

### Set up Rates/Requirements:

- 1. An Application fee of \$50.00 includes set up in our system and application of your state sales tax number if needed.
- 2. **Flat Annual Rate of \$25.00** for Zero Tax or under 300K gross income filings or an **Additional Fee: \$25.00** billed for more involved or delinquent filings.
- 3. You will receive proof of payment either via email (preferred) or via mail.
- 4. We require a bank account (provide a voided check) or valid Credit Card is on file for timely payment of your Franchise Tax. AMEX, MC and Discover are the only cards accepted via the payment site.

#### Required Annually:

- 1. If we do not do your books, you will need to provide us with gross receipts for the year, preferably in spreadsheet format and separated by month.
- 2. Any changes to contact, account or credit card information (ASAP when change occurs)

## About Your Business:

| Business Name: _     |                             |              |  |
|----------------------|-----------------------------|--------------|--|
| DBA:                 |                             |              |  |
| Address:             |                             |              |  |
| City:                | State:                      | Zip:         |  |
| Mailing Address (i   | f different):               |              |  |
| City:                |                             | Zip:         |  |
| Contact Name: _      |                             |              |  |
| Business Phone:      |                             |              |  |
| Alternate Phone:     |                             | text? Yes/No |  |
| Email:               |                             |              |  |
| Tax ID No.:          |                             |              |  |
| State Filing Numb    | er:                         |              |  |
|                      |                             |              |  |
| Filing Status: (Circ | Cle one): Annual or Initial |              |  |
| Starting Tax year:   |                             |              |  |
| Filing Due Date:     |                             |              |  |

# Payment Account information:

| Bank Name:            |  |  |
|-----------------------|--|--|
| Address:              |  |  |
| (ity:                 | Zip:   |  |
| Name as if appears o  | account:   |  |
|                       |  |  |
|                       | OR   |  |
| Credit Card informa   | on:  |  |
| Number:               | Exp. Date:                                       |  |
| CCA:                  |  |  |
| Name as it appears o  | Card:  |  |
|                       |  |  |
| Please provide furth  | r info you feel would aid in serving you better! |  |
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| (For office use only) |  |  |
| Web access number:    | <b>Υ</b> Τ                                       |  |
| Web Username:         |  |  |
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