

# All in One Tax Services

## Franchise Tax Client info Sheet

### Set up Rates/Requirements:

1. An Application fee of **\$75.00** includes set up in our system and application of your state sales tax number if needed.
2. **Flat Annual Rate of \$50.00** for Zero Tax or under 300K gross income filings or an **Additional Fee: \$75.00** billed for more involved or delinquent filings per year filed.
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 (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ text? Yes/No

Email: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

State Filing Number: \_\_\_\_\_

Filing Status: (Circle one): Annual or Initial

Starting Tax year: \_\_\_\_\_

Filing Due Date: \_\_\_\_\_

Payment Account information:

Bank Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it appears on account: \_\_\_\_\_

OR

Credit Card information:

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CCV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Please provide further info you feel would aid in serving you better!

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(For office use only)

Web access number: XT \_\_\_\_\_

Web Username: \_\_\_\_\_

Password: \_\_\_\_\_

Close date: \_\_\_\_\_

Reason: \_\_\_\_\_