

COVERPAGE FOR COMPANY TAX RETURN

Comilanrg & Varghese Associates WWW.CVATAX.COM PH: 301-910-6876

CORPORATION

S-CORPORATION

LLC

PARTNERSHIP

NON-PROFIT

BUSINESS NAME: _____

FEDERAL ID NUMBER: _____

ADDRESS: _____

PHONE NUMBER: () _____ Email: _____

BUSINESS ACTIVITY: _____

COMPANY BEGINNING DATE: _____

STATE WHERE INCORPORATED: _____

BEGINNING BALANCE: _____ ENDING BALANCE: _____

GROSS INCOME /SALE FOR THE YEAR: _____ \$ _____

RECEIVED INTEREST & DIVIDEND: _____ \$ _____

OTHER INCOME: _____ \$ _____

TOTAL INCOME _____ \$ _____

EXPENSES

SALARY /WAGES PAID: _____ \$ _____

TAXES AND LICENSES: _____ \$ _____

BENEFITS PAID TO EMPLOYEE: _____ \$ _____

PHONE: _____ \$ _____

TRAVEL: _____ \$ _____

RENT : _____ \$ _____

INTERNET: _____ \$ _____

TRAINING AND BOOKS: _____ \$ _____

COMPUTER AND PRINTER: _____ \$ _____

SOFTWARE: _____ \$ _____

POSTAGE: _____ \$ _____

OFFICE SUPPLIES: _____ \$ _____

MISC. EXPENSES: _____ \$ _____

OTHER EXPENSES (LIST): _____ \$ _____

OWNERS, OFFICERS AND PARTNERS

(1) NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER; _____

OWNERSHIP PERCENTAGE: _____

(2) NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER; _____

OWNERSHIP PERCENTAGE: _____

(3) NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER; _____

OWNERSHIP PERCENTAGE: _____

Please use separate sheet if you have more than three officers

Note: _____
