NEW COMPANY CHECKLIST

Company Information: ***Please complete the following***

Company Name:_____ Enity Type:_____

Address:_____City:_____ State:_____ Zip:_____

Type of Business:_____ EIN/SSN:_____

Date Business Established:_____ Email:_____

Telephone Number:_____ Other Telephone Number:_____

Business Owner 1 *Percentage of Ownership:*_____
Name:_____
Address:_____City:_____State:_____Zip:_____
Telephone Number:_____ Other Telephone Number:_____
SSN:_____ _____ _____ DOB:_____

Business Owner 2
Name:_____ *Percentage of Ownership:*_____
Address:_____City:_____State:_____Zip:_____
Telephone Number:_____ Other Telephone Number:_____
SSN:_____ _____ _____ DOB:_____

Do you have additional Shareholders? If yes, please list them below

Name:_____ *Percentage of Ownership:*_____
Address:_____City:_____State:_____Zip:_____
Telephone Number: _____ Other Telephone Number:_____
SSN:_____ _____ _____ DOB:_____

Name:_____ *Percentage of Ownership:*_____
Address:_____City:_____State:_____Zip:_____
Telephone Number: _____ Other Telephone Number:_____
SSN:_____ _____ _____ DOB:_____

Internal Office Use: ***Completed by Emshwiller & Emshwiller***

☐ Apply for an EIN number ☐ SUTA ☐ WH-1 ☐ ST-103

☐ Register with Indiana as a Business

☐ File Letters of Incorporation/ By Laws

☐ Will we be filing and paying each month?

Username:_____

Password:_____

State Tax ID:_____

Early Filer? Y N

☐ Accounting method used/will be using_____

☐ Accounting software you will use? _____

Do you need training on software? Y N

To purchase software? Y N

☐ Completing Financials ? *If yes, how often*

☐ Monthly
☐ Quarterly
☐ Yearly

☐ Payroll

☐ LIVE (weekly, bi-weekly, monthly, other_____)
☐ Estimated Payroll Amount: _____
☐ Copy of SS4

Internal Office Use: ***Completed by Emshwiller & Emshwiller***

☐ Filing Taxes

- ☐ Form 941
- ☐ Form 940
- ☐ Form UC1/UC5
- ☐ Form WH-1

EIN Number:_____
EFTPS PIN:_____
EFPTS Password:_____

INTax Username:_____
INTax Password:_____
State ID:_____

Uplink Username:_____
Uplink Password:_____
Unemployment ID: _____

☐ Prepare W2/W3's

Any Company Benefits ? ***If so, complete the following***

- ☐ HSA:_____
- ☐ IRS:_____
- ☐ Healthcare Plan:_____
- ☐

☐ Prepare Yearly Income Tax ****Please provide us with a copy of the last two years returns,with deprecion sheet*** *

- ☐ 1120
- ☐ 1065
- ☐ 990
- ☐ 1040

If doing direct deposit for payroll, paying taxes, or doing monthly financials, please provide:

Banking Information
Username:_____
Password:_____

Administrative Checklist (initial when complete)

- ☐ Set up Files on R:drive
- ☐ Scanned in Checklist
- ☐ Set up in Master List

Engagement Letter
_____ Mailed _____ Received