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& ASSOCIATES
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INTERNAL TAX SETTLEMENT APPLICATION FOR BUSINESS

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BUSINESS INFORMATION

Business name:		Your % of ownership:		Employer Identification Number	
Business address:			County of business location		Date business Opened
<input type="checkbox"/> LLC <input type="checkbox"/> CORP <input type="checkbox"/> GENERAL PARTERSHIP			DBA or "Trade Name":		
Frequency of tax deposits:			Does the business outsource its payroll processing and tax returnpreparation for a fee? Y / N		
Federal contractor: Yes / No		Total number of employees:		If yes, list provider name and address below:	
Phone Number:		Website address:			

OTHER PARTNERS, OFFICERS, MEMBERS & SHAREHOLDERS

Last name	First name		Title
% of ownership and annual salary	Social Security Number - -		Home address (<i>street, city, state, ZIP code</i>)
Primary phone ()	Secondary phone ()		
Last name	First name		Title
% of ownership and annual salary	Social Security Number - -		Home address (<i>street, city, state, ZIP code</i>)
Primary phone ()	Secondary phone ()		
Last name	First name		Title
% of ownership and annual salary	Social Security Number - -		Home address (<i>street, city, state, ZIP code</i>)
Primary phone ()	Secondary phone ()		

BUSINESS ASSETS (tools, books, machinery, equipment, supplies, furnishings)

DESCRIPTION	CURRENT VALUE	LOAN BALANCE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

BUSINESS VEHICLES - Excluding Leased Vehicles (Including Cars, Trucks and Trailers, etc.)

DESCRIPTION	MAKE	MODEL	YEAR	CONDITION POOR, FAIR GOOD	MILEAGE	AMOUNT OWED	Husband Wife Joint
				P/F/G		\$	H /W / J
				P/F/G		\$	H /W / J
				P/F/G		\$	H /W / J
				P/F/G		\$	H /W / J

VEHICLE OR EQUIPMENT LEASES

LEASING COMPANY	MONTHLY PAYMENT	LEASE END DATE	REGISTERED TO THE BUSINESS	CURRENT OR IN DEFAULT	PERSONALLY GAURANTEED	VEHICLE DESCRIPTION
	\$		Y/N	C/D	Y/N	
	\$		Y/N	C/D	Y/N	
	\$		Y/N	C/D	Y/N	
	\$		Y/N	C/D	Y/N	
	\$		Y/N	C/D	Y/N	

BUSINESS ACCOUNTS (checking, savings, money market, stock, etc.)

NAME OF INSTITUTION	ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE
			\$
			\$
			\$
			\$
			\$
			\$
			\$

OTHER BUSINESS ASSETS

TYPE	CURRENT VALUE
CASH ON HAND	\$
NOTES RECEIVABLE	\$
JUDEGMENTS OR SETTLEMENTS RECEIVABLE	\$
ACCOUNTS RECEIVABLES	\$
OTHER(describe)	\$
OTHER(describe)	\$
OTHER(describe)	\$

LINES OF CREDIT AND BUSINESS LOANS

CREDITOR	LOAN BALANCE	MONTHLY PAYMENT	PERSONALLY GAURANTEED	CURRENT OR IN DEFAULT	UCC LIEN FILED
	\$	\$	Y/N	C/D	Y/N
	\$	\$	Y/N	C/D	Y/N
	\$	\$	Y/N	C/D	Y/N
	\$	\$	Y/N	C/D	Y/N
	\$	\$	Y/N	C/D	Y/N

OTHER INFORMATION

Has the business been audited? **YES / NO**

Do you owe taxes as the result of an audit? **YES / NO**

Have your business bank accounts been levied? **YES / NO**

Has the IRS placed a lien against the business? **YES / NO**

Are you currently in filing compliance with all state and federal taxes? **YES / NO**

If "No", identify tax type and period: _____

If the tax liability was business related, has the business been dissolved? **Y/N** Date dissolved? _____

Have you transferred any assets including real property for less than their full value in the past ten years? **YES / NO** If "Yes", List Assets: _____

Date transferred: _____ Value at time of transfer: _____ To Whom: _____

Is a foreclosure proceeding pending on any real estate that the business owns? **YES / NO**

Do you have any judgments against you? **YES / NO**

Are you a party to any pending lawsuit? **YES / NO**

Is the business current with all Workers Compensation premiums? **YES / NO**

Does the business owe any money to Workers Compensation as the result of an audit, fines, or unpaid premiums? **YES / NO**