

PC Touch Services, Inc.
Client Information Request
Date ____/____/ **20**____

Organization Name: _____ **DBA:** _____

Address: _____

Phone No.: (____) _____ - _____ **Fax No. :** (____) _____ - _____

Employer Identification Number (EIN): _____ - _____ (9 digits)

Date of Creation: ____/____/____

Business Activity: Product(s) | Service(s) **Principal Product / Service:** _____

Beneficiary Name: _____ **SSN:** _____ - _____ - _____

Address: _____

Distribution Percentage: _____ %

Beneficiary Name: _____ **SSN:** _____ - _____ - _____

Address: _____

Distribution Percentage: _____ %

Beneficiary Name: _____ **SSN:** _____ - _____ - _____

Address: _____

Distribution Percentage: _____ %

Beneficiary Name: _____ **SSN:** _____ - _____ - _____

Address: _____

Distribution Percentage: _____ %

Name of Tax Matter/Administrator: _____

Necessary Information for Profit/Loss
As of Dec. 31, 20 _____

Revenues:

Principal Income.....

Interest Income.....

Finance Charge Income.....

Other Income.....

Expenses:

Wages Expense.....

Employee Benefit Programs.....

Payroll Tax Expense.....

Income Tax Expense.....

NYS Sales Tax.....

Other Taxes Expense.....

Rent or Lease Expense.....

Maintenance & Repairs Expense.....

Web-hosting Services Expenses.....

Gas.....

Electricity.....

Supplies and accessories.....

Telephone Expense.....

Meals and Entertainments.....

Travel Expense.....

Other Office Expense.....

Advertising Expense.....

Shipping and Handling.....

Postage and Stamps.....

Bank Service Charge.....

Business Leads.....

Dues and Membership.....

Insurance Expense.....

Computer Accessories.....

Licensing and Permit Expenses.....

Miscellaneous Expense.....

Total Expenses.....

Net Income (Loss).....

Necessary Information for Balance Sheet
As of Dec. 31, 20_____

ASSETS

Annual Amounts

Checking Account.....	_____
Accounts Receivable.....	_____
Loan to Beneficiaries.....	_____
Inventory.....	_____
Prepaid Expenses.....	_____
Property and Equipment.....	_____
Computers and Peripherals.....	_____
Other Assets.....	_____
Security Deposits.....	_____

LIABILITIES AND CAPITAL

Accounts Payable (breakdown if necessary)	_____
Loan from Beneficiaries.....	_____
Sales Tax Payable.....	_____
Deductions Payable.....	_____
Federal Payroll Taxes Payable.....	_____
FUTA Payable.....	_____
State Payroll Taxes Payable.....	_____
SUTA Payable.....	_____
Income Taxes Payable.....	_____
Customer Deposits.....	_____
Long-Term Liabilities (breakdown if necessary)	_____
Capital (Transfers).....	_____

