

2018 Corporation General Information

Name and Address Information

| | | |
|---|----|-------|
| Employer ID number | 1 | |
| Corporation's legal name | 2 | |
| DBA (Doing business as) | 3 | |
| In care of | 4 | |
| Address | 5 | |
| City | 7 | |
| U.S. ONLY State, ZIP, County | 8 | 9 10 |
| Foreign ONLY Province/State, Country Postal Code | 11 | 12 13 |
| Phone number | 14 | |

Suite #

General Information

1
1-1

A 1a Consolidated return (Enter on 851 screen)

1b Life/nonlife consolidated return

2 Personal holding company (Enter on PH screen)

3 Personal service corporation
 Qualified personal service corporation

C Date incorporated

E State of incorporation

Mark applicable boxes:

| | | | |
|-------------------------------------|----------------|-------------------------------------|-------------------|
| <input type="checkbox" value="20"/> | Initial return | <input type="checkbox" value="23"/> | Name change |
| <input type="checkbox" value="21"/> | Final return | <input type="checkbox" value="24"/> | Change in address |

Other Information

| | |
|----------------|---------------------------------|
| Resident state | <input type="text" value="28"/> |
| Resident city | <input type="text" value="29"/> |
| Misc code # 1 | <input type="text" value="30"/> |
| Misc code # 2 | <input type="text" value="31"/> |
| Invoice # | <input type="text" value="32"/> |
| Preparer fee | <input type="text" value="33"/> |
| Firm # | <input type="text" value="34"/> |
| Preparer # | <input type="text" value="35"/> |
| Data entry # | <input type="text" value="36"/> |
| ERO # | <input type="text" value="37"/> |

If not calendar year

| | |
|---|---------------------------------|
| Fiscal year begins | <input type="text" value="25"/> |
| Fiscal year ends | <input type="text" value="26"/> |
| <input type="checkbox" value="27"/> 52-53 week tax year | |

Client Information (for client reports only)

| | | |
|-------|---------------------------------|-------------------------------------|
| Email | <input type="text" value="38"/> | |
| Cell | <input type="text" value="39"/> | Fax <input type="text" value="40"/> |