



Your Tax Savings Analysis

- Please fill out the information below and return in the envelope provided.
- Our average client is saving over \$4,800
- Return as soon as you're able and Todd will follow up with you for your free tax savings consultation

Name _____ Business Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail Address _____
 Telephone Number _____

What is the tax filing status of your business?

- Sole Proprietor, filing Schedule F Sole Proprietor, filing Schedule C
 C-Corporation S-Corporation Partnership Other

Are you currently married?

Yes No

If you answered Yes, does your spouse assist you in your business (answering phones, website design, bookkeeping, delivery, etc.)?

Yes No

Do you currently have any unrelated employees in your business?

Yes No

If you answered Yes ...

How many work more than 25 hours per week?

How many complete more than 7 months of employment annually?

How many are over age 25?

Approximately how much do you spend annually on the following medical expenses?

Health Insurance Premiums (include accident, vision, dental, etc.) \$
 Long-Term Care Premiums \$
 Out-of-Pocket Medical Expenses (include prescription, co-pay, etc.) \$
 Vision (include contact lenses, glasses, eye exams) \$
 Dental (include routine cleanings, exams, etc.) \$
TOTAL \$

Client Signature _____

Provider _____



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