Karla Dennis
And Associates, Inc.™
Premier Accounting, Tax & Small Business Services

2021 Client Organizer

Partnerships/LLC

Karla Dennis and Associates, Inc.

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La Palma, CA 90623

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Karla Dennis
And Associates, Inc.™
Premier Accounting, Tax & Small Business Services

It's Tax Time!!

The enclosed package will help you get organized and provide KDA Inc. with all the documentation required to prepare a proper and complete income tax return for your business. Please keep in mind this return is a separate entity. Part of our role is to provide our business owners with guidance regarding the documentation required to for a complete and accurate income tax return.

In the following pages, we will ask some general questions about the business and its activities for the current year. Please complete as much information as you can.
Below is a check list of information needed in addition to your completing the forms attached:

- ☐ A copy of articles of incorporation or organization and statement of information
- ☐ Financial Statements including Profit & Loss and Balance Sheet. (*If you do not have this, we have provided a worksheet)*
- ☐ A listing that shows the owners ownership percentage and shares or equity interest owned
- ☐ Amount of cash or capital invested in your business and the date invested.
- ☐ List of owners addresses, copy of their driver's license and Social Security number. *(We need to verify for electronic filing purposes)*
- ☐ Amount and dates of any tax payments made.
- ☐ Income earned or generated by state if you do business in multiple states.
- ☐ Prior year tax returns if you are an existing corporation but new to our firm.
- ☐ IRS Form 2553 - election to be treated as an S Corporation *(if applicable)*

- IRS Letter approving S Corporation Status *(If applicable)*
- IRS letter issuing EIN or I.D. number for your business *(Form SS-4 if available)*
- Trial balance (*if available)*

For your convenience, we have included some blank work sheets so you may provide the income and expenses as well as an accounting of the assets and liabilities of the business. These Items are necessary for the completion of your return. If you need assistance, we do offer competitive bookkeeping services.

While we know this is a lot of information, providing it will prevent unwanted delays in the final preparation of your return while ensuring all possible deductions and credits are being utilized.

If you need **any** assistance acquiring this information, or understanding how to find it, please feel free to reach out to our office. Our goal is to help you understand your filing requirements and educate you on the requirements to maintain adequate books and records. We want you to be prepared and we are here to help.

Thank you in advance for choosing KDA Inc.

Your Tax Team
Karla Dennis and Associates Inc

General Information

Partnership Information

EIN
Name
Doing business as (DBA)
Address
City, state, zip code
Foreign province or state
Foreign postal code
Foreign country
Telephone number
Date employer identification number applied for
Date business began
Business activity
Product or service
Business code
Initial return
Final return
Name change
Address change
Amended return §
Superseding return
Accounting method
Other (specify)
Multiple / aggregated activities for at-risk purposes
Multiple / grouped activities for passive activity purposes
Taxing authority may discuss return with preparer?
Special processing
General footnote §
Client complexity factor:
Additional
Overall (Force)

Year End Information

Tax year beginning - short year
Tax year ending

Prior year-ends, if different:
Oldest
Interim
Most recent

Important Owners Information for K-1

Owners Name #1	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this Year	
Distributions or Cash Taken Out this Year	

Owners Name #2	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this year	
Distributions or Cash Taken Out this Year	

Owners Name #3	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this year	
Distributions or Cash Taken Out this Year	

Owners Name #4	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this Year	
Distributions or Cash Taken Out this Year	

Owners Name #5	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this year	
Distributions or Cash Taken Out this Year	

Owners Name #6	
Address	
City	
State	
Zip	
Phone	
Email	
Social Security Number	
Date of Birth	
Percentage of Ownership	
Cash Contributed this year	
Distributions or Cash Taken Out this Year	

Other Information

Schedule B - Other Information

Type of entity
Other (specify)
Partners owning, directly or indirectly, 50% or more of the partnership:
Corporations, partnerships, trusts, tax-exempt organizations, and foreign governments §
Individuals and estates §
Partnership owned directly 20% or more or directly and indirectly 50% or more:
Voting stock of corporation §
Interest in partnership or trust §
Meet all requirements for Question 4? (Force)
Print schedules when not required
Is this partnership a publicly traded partnership?
Any partnership debts canceled, forgiven, or modified to reduce principal?
Is the partnership required to file Form 8918 to provide information on a reportable transaction?
Foreign countries with an interest in or signature authority over a foreign account §
Received a distribution from or was the grantor of a foreign trust?
Is the partnership making, or had previously made (and not revoked), a section 754 election?
Optional basis adjustment under section 743(b) or 734(b) §
Required basis adjustment under section 743(b) or 734(b) §
Property received in a like-kind exchange was distributed or contributed to another entity
Distribution of tenancy-in-common or other undivided interest in partnership property?
Number of Forms 8858 attached to this return
Number of Forms 8865 attached to this return
Were payments made that would require Form(s) 1099 to be filed?
If yes, were or will all required Form(s) 1099 be filed?
Were payments made that would require Form(s) 1042 or 1042-S to be filed?
Specified domestic entity required to file Form 8938?
Is the partnership a sec 721(c) partnership per Regulations section 1.721(c)-1(b)(14)?
Interest and royalty deductions not allowed for one or more partners under section 267A
Electing out of the centralized partnership audit regime under section 6221(b)
If filing Form 8996, fund penalty (including 0) for failing to maintain investment standard
Number of partners subject to section 864(c)(8) as a result of a transfer of interest or distribution
Were there any transfers subject to disclosure under Regulations section 1.707-8?
Foreign corp acquired the properties constituting a trade or business greater than 50% (sec 7874):
Ownership percentage by vote
Ownership percentage by value

Cost of Goods Sold Information

Cost of Goods Sold

Adjust purchases by change in inventory
Method used to value inventory:
- **Cost**
- **Lower of cost or market**
- **Other method description**
- **Other method explanation** §

Writedown of subnormal goods
LIFO method adopted, statement in lieu of Form 970 §
Closing inventory computed under LIFO
Rules of section 263A apply?
Change in determining opening or closing inventories?
- **Explanation of change in quantities, cost, or valuations** §

Income and Deductions

View > Interim Closing Annualization

Unit

Description State

General Information

Section 1.163(j)-9 election was made for excepted trade or business

Disposition of activity

Income

Gross receipts or sales

Returns and allowances

Other income (loss) §

Deductions

If a special allocation is entered for an ordinary item, the amount moves from Page 1 to Schedule K, line 11

Salaries and wages

Total guaranteed payments, specially allocate on Screen SepK:

- **Health insurance**
- **Pensions and IRAs**
- **Other**

Repairs and maintenance §

Bad debts

Rent

Lease inclusion (Force)

Taxes and licenses §

Interest §

- **Business interest expense subject to limitation**

Depreciation - tax (Force)

Page 1 depreciation to Form 1125-A:

- **Percentage**
- **Amount**

Depletion, other than oil and gas

Retirement plans:

- **Contribution paid**
- **Contribution accrued**

Employee benefit programs

Other deductions §

- **Amortization (Force)**
- **Meals subject to 50% limit**
- **Meals subject to DOT 80% limit**
- **Deductible meals**

Balance Sheets per Books

Assets

To complete Schedules L, M-1, and M-2 when not required, use the 'Print schedules when not required' field on Screen OthInfo or Screen 8865

	Beginning of Year	End of Year Amounts from Asset Module	End of Year
Cash	§		
Trade notes and accounts receivable	§		
Less allowance for bad debts	§		
Inventories	§		
US government obligations	§		
Tax-exempt securities	§		
Other current assets	§		
Loans to partners	§		
Mortgage and real estate loans	§		
Other investments	§		
Buildings and other depreciable assets	§		
Less accumulated depreciation	§		
Depletable assets	§		
Less accumulated depletion	§		
Land (net of any amortization)	§		
Intangible assets	§		
Less accumulated amortization	§		
Other assets	§		

Liabilities and Partners' Capital

To specially allocate liabilities, use the Ptr Alloc buttons on Screen SepK

Accounts payable	§	
Mortgage, note, bond pay in less than 1 year	§	
Other current liabilities	§	
All nonrecourse loans	§	
Loans from partners	§	
Mortgage, note, bond pay in 1 year or more	§	
Other liabilities	§	
Partners' capital accounts		
Transfer Schedule M-2 tax basis capital to Schedule L, Partners' capital accounts		
Reconciliation of differences in Sch L and Sch M-2 capital, when Sch L capital is tax-based		§
Maximum amount for Schedule L rounding		

Balance Sheet

Unit

Foreign corporation name

Schedule F - Assets

If entering amounts in US dollars, do not select an exchange rate

Exchange rate used for balance sheet

Other exchange rate used for balance sheet (FC Units per 1 USD)

		Beginning of Year	End of Year
Cash			
Trade notes and accounts receivable			
Less allowance for bad debts			
Derivatives			
Inventories			
Other current assets	§		
Loans to shareholders and other related persons			
Investment in subsidiaries	§		
Other investments	§		
Buildings and other depreciable assets			
Less accumulated depreciation			
Depletable assets			
Less accumulated depletion			
Land (net of any amortization)			
Intangible assets:			
Goodwill			
Organization costs			
Patents, trademarks, other			
Less accumulated amortization			
Other assets	§		

Schedule F - Liabilities and Shareholders' Equity

		Beginning of Year	End of Year
Accounts payable			
Other current liabilities	§		
Derivatives			
Loans from shareholders and other related persons			
Other liabilities	§		
Capital stock:			
Preferred stock			
Common stock			
Paid-in capital surplus	§		
Retained earnings:			
Less cost of treasury stock			
Maximum amount for Schedule F rounding in US dollars			

Rent and Royalty Properties

View > Interim Closing Annualization

Unit

Property description

General Questions

Address
City, state, zip code
Foreign province or state
Foreign postal code
Foreign country
Type of activity
Type of property
Other (specify)
Number of days rented at fair rental value, if not for a full year
Number of personal use days
Personal use percentage, if personal use test met (Force)
Include net income (loss) in calculation for self-employment income
Include net income (loss) in calculation for section 179 business income
Section 1.163(j)-9 election was made for excepted trade or business
Disposition of activity

Income

Gross rents §
Gross royalties
Sale of property (Force)
Other income §

Expenses

Advertising
Auto and travel
Lease inclusion (Force)
Cleaning and maintenance
Commissions
Insurance
Legal and professional
Interest §
Business interest expense subject to limitation
Repairs
Taxes §
Utilities
Wages and salaries
Depreciation (Force)
Other expenses §
Amortization (Force)
Meals subject to 50% limit
Meals subject to DOT 80% limit
Total guaranteed payments, specially allocate on Screen SepK
Health insurance
Pensions and IRAs
Other

Rent and Royalty Properties

View > Interim Closing Annualization

Unit

Property description

General Questions

Address
City, state, zip code
Foreign province or state
Foreign postal code
Foreign country
Type of activity
Type of property
Other (specify)
Number of days rented at fair rental value, if not for a full year
Number of personal use days
Personal use percentage, if personal use test met (Force)
Include net income (loss) in calculation for self-employment income
Include net income (loss) in calculation for section 179 business income
Section 1.163(j)-9 election was made for excepted trade or business
Disposition of activity

Income

Gross rents §
Gross royalties
Sale of property (Force)
Other income §

Expenses

Advertising
Auto and travel
Lease inclusion (Force)
Cleaning and maintenance
Commissions
Insurance
Legal and professional
Interest §
Business interest expense subject to limitation
Repairs
Taxes §
Utilities
Wages and salaries
Depreciation (Force)
Other expenses §
Amortization (Force)
Meals subject to 50% limit
Meals subject to DOT 80% limit
Total guaranteed payments, specially allocate on Screen SepK
Health insurance
Pensions and IRAs
Other

Rent and Royalty Properties

View > Interim Closing Annualization

Unit

Property description

General Questions

Address
City, state, zip code
Foreign province or state
Foreign postal code
Foreign country
Type of activity
Type of property
Other (specify)
Number of days rented at fair rental value, if not for a full year
Number of personal use days
Personal use percentage, if personal use test met (Force)
Include net income (loss) in calculation for self-employment income
Include net income (loss) in calculation for section 179 business income
Section 1.163(j)-9 election was made for excepted trade or business
Disposition of activity

Income

Gross rents §
Gross royalties
Sale of property (Force)
Other income §

Expenses

Advertising
Auto and travel
Lease inclusion (Force)
Cleaning and maintenance
Commissions
Insurance
Legal and professional
Interest §
Business interest expense subject to limitation
Repairs
Taxes §
Utilities
Wages and salaries
Depreciation (Force)
Other expenses §
Amortization (Force)
Meals subject to 50% limit
Meals subject to DOT 80% limit
Total guaranteed payments, specially allocate on Screen SepK
Health insurance
Pensions and IRAs
Other

Rent and Royalty Properties

View > Interim Closing Annualization

Unit

Property description

General Questions

Address
City, state, zip code
Foreign province or state
Foreign postal code
Foreign country
Type of activity
Type of property
Other (specify)
Number of days rented at fair rental value, if not for a full year
Number of personal use days
Personal use percentage, if personal use test met (Force)
Include net income (loss) in calculation for self-employment income
Include net income (loss) in calculation for section 179 business income
Section 1.163(j)-9 election was made for excepted trade or business
Disposition of activity

Income

Gross rents §
Gross royalties
Sale of property (Force)
Other income §

Expenses

Advertising
Auto and travel
Lease inclusion (Force)
Cleaning and maintenance
Commissions
Insurance
Legal and professional
Interest §
Business interest expense subject to limitation
Repairs
Taxes §
Utilities
Wages and salaries
Depreciation (Force)
Other expenses §
Amortization (Force)
Meals subject to 50% limit
Meals subject to DOT 80% limit
Total guaranteed payments, specially allocate on Screen SepK
Health insurance
Pensions and IRAs
Other

This information provided by your client is to assist you in gathering additional details necessary to complete the tax return. Information entered on this screen does not flow anywhere in the UltraTax CS program, such as the Field Note or Client Note features.

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Samples of Date Requested

Example of Profit & Loss:

Single Statement Income Statement Template

ABC Co, STATEMENT OF PROFIT OR LOSS FOR THE YEAR ENDED 31 DECEMBER 2017

	2017	2016
	$	$
Revenue	$ 390,390.00	$ 355,355.00
Cost of sales	$ -245,245.00	$ -230,230.00
Gross profit	$ 145,145.00	$ 125,125.00
Other income	$ 20,687.67	$ 11,311.30
Distribution costs	$ -9,009.00	$ -8,708.70
Administrative expenses	$ -20,020.00	$ -21,021.00
Other expenses	$ -2,102.10	$ -1,201.20
Finance costs	$ -8,008.00	$ -7,507.50
Share of profit of associates	35,135.10	30,130.10
Profit before tax	**161,828.67**	**128,128.00**
Income tax expense	$ -40,457.42	$ -32,032.00
Profit for the year from continuing operations	$ 121,371.25	$ 96,096.00
Loss for the year from discontinued operations	$ -	$ -30,530.50
Profit for the year	**$ 121,371.25**	**$ 65,565.50**
Other comprehensive income:		
Items that will not be reclassified to profit or loss:		
Gains on property revaluation	$ 933.93	$ 3,370.37
Investments in equity instruments	$ -24,024.00	$ 26,693.67
Remeasurement gains (losses) on defined benefit pension plans	$ -667.67	$ 1,334.33
Share of gain(loss) on property revaluation of associates	$ 400.40	$ -700.70
Income tax relating to items that will not be reclassified	$ 5,839.83	$ -7,674.67
	$ -17,517.50	**$ 23,023.00**
Items that may be reclassified subsequently to profit or loss		
*Exchange differences on translating foreign operations	$ 5,339.33	$ 10,677.67
*Cash flow hedges	$ -667.67	$ -4,004.00
Income tax relating to items that may be reclassified	$ -1,168.17	$ -1,668.67
	$ 3,503.50	**$ 5,005.00**
Other comprehensive income for the year, net of tax	-14,014	28,028
Total comprehensive income for the year	**107,357**	**93,594**
Profit attributable to:		
Owners of the parent	$ 97,097.00	$ 52,452.40
Non-controlling interest	$ 24,274.25	$ 13,113.10
	$ 121,371.25	**$ 65,565.50**
Total comprehensive income attributable to		
Owners of the parent	$ 85,885.80	$ 74,874.80
Non-controlling interest	$ 21,471.45	$ 18,718.70
	$ 107,357.25	**$ 93,593.50**

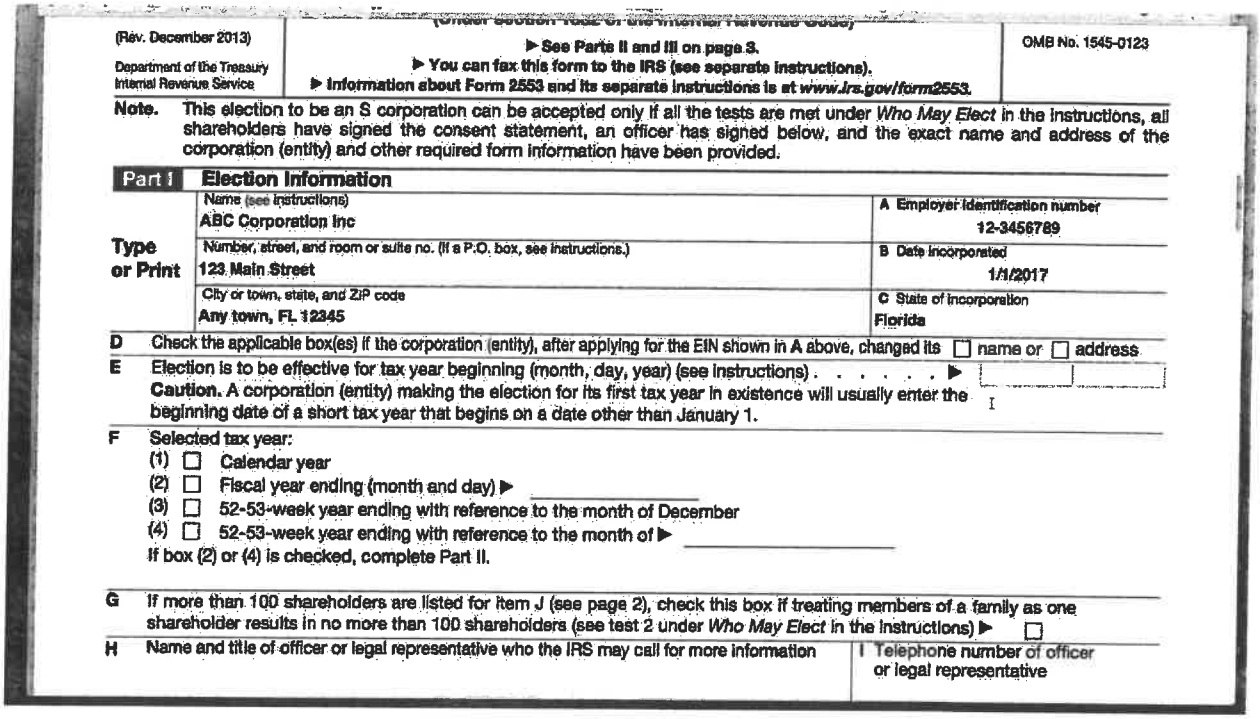
Example of Balance Sheet:

Example Company
Balance Sheet
December 31, 2019

ASSETS		LIABILITIES	
Current assets		Current liabilities	
Cash	$ 2,100	Notes payable	$ 5,000
Petty cash	100	Accounts payable	35,900
Temporary investments	10,000	Wages payable	8,500
Accounts receivable - net	40,500	Interest payable	2,900
Inventory	31,000	Taxes payable	6,100
Supplies	3,800	Warranty liability	1,100
Prepaid insurance	1,500	Unearned revenues	1,500
Total current assets	89,000	Total current liabilities	61,000
Investments	36,000	Long-term liabilities	
		Notes payable	20,000
Property, plant & equipment		Bonds payable	400,000
Land	5,500	Total long-term liabilities	420,000
Land improvements	6,500		
Buildings	180,000		
Equipment	201,000	Total liabilities	481,000
Less: accum depreciation	(56,000)		
Prop, plant & equip - net	337,000		
Intangible assets		STOCKHOLDERS' EQUITY	
Goodwill	105,000	Common stock	110,000
Trade names	200,000	Retained earnings	220,000
Total intangible assets	305,000	Accum other comprehensive income	9,000
		Less: Treasury stock	(50,000)
Other assets	3,000	Total stockholders' equity	289,000
Total assets	$ 770,000	Total liabilities & stockholders' equity	$ 770,000

The notes to the sample balance sheet have been omitted.

Example of Form 2553:



(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

(Under section 1362 of the Internal Revenue Code)

▶ See Parts II and III on page 3.
▶ You can fax this form to the IRS (see separate instructions).
▶ Information about Form 2553 and its separate instructions is at www.irs.gov/form2553.

OMB No. 1545-0123

Note. This election to be an S corporation can be accepted only if all the tests are met under *Who May Elect* in the instructions, all shareholders have signed the consent statement, an officer has signed below, and the exact name and address of the corporation (entity) and other required form information have been provided.

Part I Election Information

Type or Print	Name (see instructions) ABC Corporation Inc	A Employer identification number 12-3456789
	Number, street, and room or suite no. (If a P.O. box, see instructions.) 123 Main Street	B Date incorporated 1/1/2017
	City or town, state, and ZIP code Any town, FL 12345	C State of incorporation Florida

D Check the applicable box(es) if the corporation (entity), after applying for the EIN shown in A above, changed its ☐ name or ☐ address

E Election is to be effective for tax year beginning (month, day, year) (see instructions) . . . . . ▶

Caution. A corporation (entity) making the election for its first tax year in existence will usually enter the beginning date of a short tax year that begins on a date other than January 1.

F Selected tax year:
(1) ☐ Calendar year
(2) ☐ Fiscal year ending (month and day) ▶ _____
(3) ☐ 52-53-week year ending with reference to the month of December
(4) ☐ 52-53-week year ending with reference to the month of ▶ _____
If box (2) or (4) is checked, complete Part II.

G If more than 100 shareholders are listed for item J (see page 2), check this box if treating members of a family as one shareholder results in no more than 100 shareholders (see test 2 under *Who May Elect* in the instructions) ▶ ☐

H Name and title of officer or legal representative who the IRS may call for more information

I Telephone number of officer or legal representative

Example of EIN letter:

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-14-2018

Employer Identification Number:
12-3456789

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

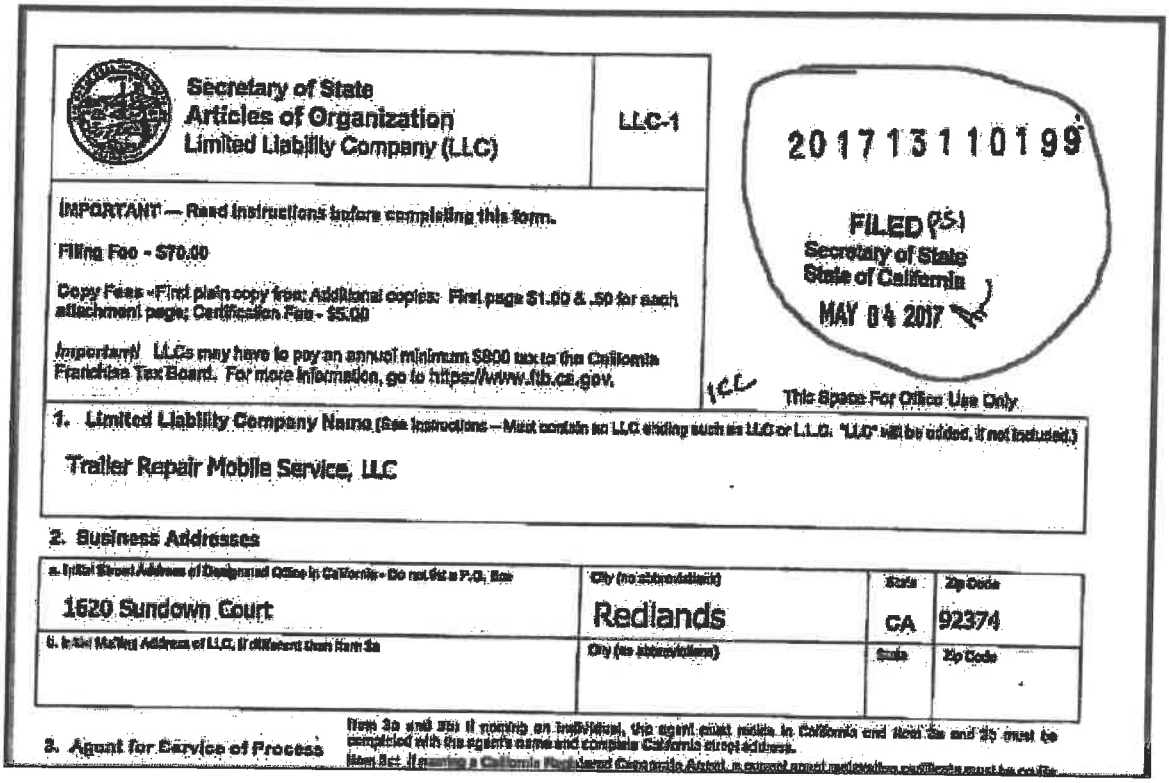
ACME LLC
THERESA LOPEZ-FITZGERALD SOLE MBR
123 SOMEPLACE DRIVE
SAN FRANCISCO, CA 94103

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 12-3456789. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important

Example of Articles of Organization:



Secretary of State
Articles of Organization
Limited Liability Company (LLC)

LLC-1

201713110199

FILED (PS)
Secretary of State
State of California
MAY 04 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - $70.00

Copy Fees - First plain copy free; Additional copies: First page $1.00 & .50 for each attachment page; Certification Fee - $5.00

Important! LLCs may have to pay an annual minimum $800 tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

1CC

This Space For Office Use Only

1. Limited Liability Company Name (See instructions – Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

Trailer Repair Mobile Service, LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
1620 Sundown Court	Redlands	CA	92374
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)	State	Zip Code

3. Agent for Service of Process

Item 3a and 3b if naming an individual, the agent must reside in California and Item 3a and 3b must be completed with the agent's name and complete California street address.
Item 3c: If naming a California Registered Corporate Agent, a current agent relationship certificate must be on file

Sample of SS-4:

Form **SS-4** (Rev. January 2009)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Chapter Name or State Office Name

2 Trade name of business (if different from name on line 1)
N/A

3 Executor, administrator, trustee, "care of" name
N/A

4a Mailing address (room, apt., suite no. and street, or P.O. box)
123 Anystreet

5a Street address (if different) (Do not enter a P.O. box.)
N/A

4b City, state, and ZIP code (if foreign, see instructions)
Any City, Any State xxxxx-xxxx

5b City, state, and ZIP code (if foreign, see instructions)
N/A

6 County and state where principal business is located
Any County, Any State

7a Name of principal officer, general partner, grantor, owner, or trustor
First Name Last Name, Title

7b SSN, ITIN, or EIN
000-00-0000

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN) ___ ___ ___
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ **Educational**
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ___ ___ ___
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ **to establish a bank account**
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.
MO/DY/YEAR

12 Closing month of accounting year **month name**

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
-0-	-0-	-0-

14 Do you expect your employment tax liability to be $1,000 or less in a full calendar year? ☐ Yes ☐ No (If you expect to pay $4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

16 Check **one** box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
N/A

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: **First Name Last Name, Chapter or State Title**

Designee's telephone number (include area code): (XXX) XXX-XXXX

Address and ZIP code

Designee's fax number (include area code): (XXX) XXX-XXXX

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): ( )

Name and title (type or print clearly) ▶ **First Name Last Name**

Applicant's fax number (include area code): ( )

Signature ▶ Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 1-2009)

Example of Statement of Information:

State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee $20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California
JUN 02 2014

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME
KeyRinger, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER: 201406510246

3. STATE OR PLACE OF ORGANIZATION (If formed inside of California): California

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	STREET ADDRESS	CITY	STATE	ZIP CODE
5.	6726 Evergreen Avenue	Oakland	CA	94611
6.				
7.	6726 Evergreen Avenue	Oakland	CA	94611

Name and Complete Address of the Chief Executive Officer, If Any

	NAME	ADDRESS	CITY	STATE	ZIP CODE
8.	Lawrence D Rosenthal	6726 Evergreen Avenue	Oakland	CA	94611

Name and Complete Address of Any Manager or Managers, or If None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages if necessary.)

	NAME	ADDRESS	CITY	STATE	ZIP CODE
9.	Lawrence D Rosenthal	6726 Evergreen Avenue	Oakland	CA	94611
10.					
11.					

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. A P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Lawrence D Rosenthal

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY: Oakland | STATE: CA | ZIP CODE: 94611
6726 Evergreen Avenue

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Manufacture and Market Small Electronic Consumer Products

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE
05/29/2014	Lawrence D Rosenthal	CFO	

LLC-12 (REV 04/2014) APPROVED BY SECRETARY OF STATE