



Microbusiness Fast Track Application

CLIENT ELIGIBILITY STATUS WORKSHEET

If you would like assistance in completing the Microbusiness Plan Application on the following pages, please enter the information below and mail or fax this page to TASC.

Plan Year _____

Check the Service that applies: AgriPlanNOW BizPlanNOW FlexSystem Undecided_____

Employer Name _____ Contact Name _____

Company Name _____ E-mail _____

Company Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____ Best Time To Call _____

Tax Filing Status: C-Corp S-Corp Partnership Sole Proprietor Non-Profit LLC 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 any accident, hospital indemnity, cancer, vision and dental insurance etc.)

Long-Term Care Premiums \$ _____

Out-of-Pocket Medical Expenses \$ _____
(include prescription drugs, over-the-counter items, co-pays, deductibles etc.)

Vision (include contact lenses, glasses, eye exams, etc.) \$ _____

Dental (include routine cleanings, exams, etc.) \$ _____

TOTAL \$ _____

Provider Name/Phone SK Income Tax and Accounting Services, Inc./651-455-0797 Provider # 4707-3538-3649

Employer (sign here) _____ Title _____ Date _____

A TASC Microbusiness Representative will contact you to help you complete the rest of the Microbusiness Plan Application.