



Business Income Tax Questionnaire

Business Name:		FEIN:	
Primary Contact:		Title:	
Business Address:			
City:		State:	
Telephone:		Fax:	
E-Mail:			
Date Incorporated:			
Pref Method Of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		
Accounting Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
Business Structure:	<input type="checkbox"/> 1120 <input type="checkbox"/> 1120-S <input type="checkbox"/> 1065 <input type="checkbox"/> 990 <input type="checkbox"/> LLC		
Method Of Return:	<input type="checkbox"/> Client Portal <input type="checkbox"/> Printed Copy <input type="checkbox"/> Both		
Check If:	<input type="checkbox"/> Final Return <input type="checkbox"/> Address Change <input type="checkbox"/> Amended Return <input type="checkbox"/> Name Change <input type="checkbox"/> Change In Structure <input type="checkbox"/> Initial Return		

Business Accounts				
Please Provide Value Of Account if Applicable				
Actual Cash On Hand	Checking Account	Money Market	Savings Account	Investments

Current Officers			
Office Held	Address	Social Security	% Of Stock

Documentation Turned In		
(check all that apply)		
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> QuickBooks File	<input type="checkbox"/> Profit and Loss
<input type="checkbox"/> Balance Sheet	<input type="checkbox"/> Merchant Statement	<input type="checkbox"/> Brokerage Account Statements
<input type="checkbox"/> Credit Card Statements	<input type="checkbox"/> Business Loans	<input type="checkbox"/> Prior year tax return
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Operating Agreement.	<input type="checkbox"/> Bank Account Statement
<input type="checkbox"/> S-Corp Acceptance	<input type="checkbox"/> SS-4 Letter from IRS	<input type="checkbox"/> 1099's
<input type="checkbox"/> 1099-K	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Accounting Books

Business Income Tax Questionnaire

Deductions

(check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Compensation Of Officers | <input type="checkbox"/> Salaries and Wages | <input type="checkbox"/> Repairs and Maintenance |
| <input type="checkbox"/> Bad Debts | <input type="checkbox"/> Rents | <input type="checkbox"/> Taxes and License |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Depreciation | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Retirement Plans | <input type="checkbox"/> Employee Benefit Plans | <input type="checkbox"/> Gifts |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Auto/ Truck Expense | <input type="checkbox"/> Bank Charges |
| <input type="checkbox"/> Computer Expense | <input type="checkbox"/> Dues and Subscription | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Legal and Professional | <input type="checkbox"/> Meals and Entertainment |
| <input type="checkbox"/> Office Expense | <input type="checkbox"/> Outside Service | <input type="checkbox"/> Parking Fee's and Tolls |
| <input type="checkbox"/> Postage/ Delivery | <input type="checkbox"/> Sales Expense | <input type="checkbox"/> Security |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Telephone | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Travel | <input type="checkbox"/> Uniform |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Other |

General Business Tax Information

Did the business receive any notices from the IRS or State during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any ownership changes during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the business purchase any fixed assets during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Business own any Assets outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At the end of the year did the business own 50% Voting Stock of a domestic Corp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this business filed or required to file form 8918?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the business issue publicly offered debt instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Business total receipt and total assets less than 250,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a qualified subchapter S subsidiary election terminated or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Business make any payments that would require it to file 1099s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business have sales tax license and are they current? If N/A disregard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the 941/940 Payroll Filing Current? If N/A disregard	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there were any ownership changes what were they?	
If the business own assets outside of the United States what are they?	
Did the business owner use any personal funds to pay for any business expense?	



Business Income Tax Questionnaire

Business Vehicle Information			
Vehicle 1		Business Percentage Of Use:	
Make and Model:		Year of Vehicle	
Total Business Miles:		Total Commuting Miles:	
Total Other Miles:		Total Miles:	
Vehicle 2		Business Percentage Of Use:	
Make and Model:		Year of Vehicle	
Total Business Miles:		Total Commuting Miles:	
Total Other Miles:		Total Miles:	
Vehicle 3		Business Percentage Of Use:	
Make and Model:		Year of Vehicle	
Total Business Miles:		Total Commuting Miles:	
Total Other Miles:		Total Miles:	

Cost Of Goods Sold	
Please state the estimated cost in dollar amounts.	
Inventory at Beginning of Year:	
Purchases:	
Cost Of Labor:	
Other Cost:	
Total Cost:	
Inventory at End of Year:	
Cost Of Goods Sold: (Subtract line above with Total Cost)	
Method for valuing closing inventory:	<input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost Or Market <input type="checkbox"/> Average <input type="checkbox"/> LIFO <input type="checkbox"/> FIFO

Home Office Information	
Please state the estimated cost in dollar amounts.	
Mortgage Interest:	
Property Taxes:	
Utilities Cost:	
Property Insurance:	
Repairs and Maintenance:	
HOA Fee's:	

Business Income Tax Questionnaire

Other Expenses	
Date Home Office Used:	
Square Footage of the space used solely for business:	
Total Square footage of the Home:	

Supplementary Statement	
Is the business activity Real Estate Rental Related? If yes, please ask for extra form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Business activity related to Farm Revenue? If yes, please ask for extra form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you provide a Profit and Loss to us? If no please fill the following information	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include calculations on how you reached the figures for incomes and expenses.

<u>Income</u>	
Merchant Card:	
Gross Receipt:	
Returns and Allowance:	
Cost of Goods Sold:	
Gross Profit:	
Gross Rent:	
Gross Royalties:	
Other Income:	
Total Income:	

<u>Expenses</u>	
Compensation Of Officers:	
Salaries and Wages:	
Bad Debts:	
Rents:	
Taxes and License:	
Interest:	
Depreciation:	

Business Income Tax Questionnaire

Advertising:	
Pension, Profit-Sharing Plans:	
Accounting:	
Auto/Truck Expense:	
Bank Charges:	
Computer Expense:	
Delivery and Freight:	
Dues and Subscription:	
Gifts:	
Insurance:	
Janitorial:	
Legal and Professional:	
Meals and Entertainment:	
Office Expense:	
Outside Services:	
Parking Fee's and Toll:	
Postage:	
Security:	
Telephone:	
Tools:	
Continuing Education:	
Travel:	
Uniforms:	
Utilities:	
Miscellaneous:	
Other:	

This Information is complete and correct to the best of my (Our) Knowledge

I certify that I would like the business taxes prepared according to the information I supplied above.

Business Name:	EIN:
Printed Name Of Officer:	Title:
Officer Signature:	Date: