

Small Business Tax Return Questionnaire

Business Information

Company's Legal Name		Date Company Formed
Federal EIN	State Company #	State Sales Tax #
Type of Entity: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Business Activity <input type="checkbox"/> Product <input type="checkbox"/> Service <small>Please Specify:</small>	
Mailing Address	City, State	Zip/Postal Code
Phone #	Fax #	
Web Domain	Email Address	

Sole Proprietor Information

	Y	N		Y	N
Was 2023 your first year in business?	<input type="checkbox"/>	<input type="checkbox"/>	Did you take a physical inventory to prove the values?	<input type="checkbox"/>	<input type="checkbox"/>
Did you materially participate in company operations?	<input type="checkbox"/>	<input type="checkbox"/>	Method of Valuation:		
Did you work from home?	<input type="checkbox"/>	<input type="checkbox"/>	Cost <input type="checkbox"/>		
If yes, please complete the included Home Office Form.			Value <input type="checkbox"/>		
Did you have inventory?	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/> _____		
Value of inventory on 01/01/2023	\$ _____		Did you change your method of determining value during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Value of inventory on 12/31/2023	\$ _____		If Yes, explain: _____		

Note: use the list below as a guideline for gathering items to bring to your tax appointment.

Note: for clients using QuickBooks or similar software, simply forward a copy to BCS along with all monthly bank statements.

Expense Information Reminders (please fill in amounts on the following pages)

- | | |
|--|---|
| <input type="checkbox"/> Wages Paid to Employees (W-2, W-3) | <input type="checkbox"/> Contributions & Donations
<small>(itemized list of dates, names, and addresses of each charity)</small> |
| <input type="checkbox"/> Federal & State Payroll Tax Returns | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Commissions Paid to Subcontractors
<input type="checkbox"/> Any 1099-MISC and 1096 Forms | <input type="checkbox"/> Postage & Shipping Expenses |
| <input type="checkbox"/> Fringe Benefits to Employees
<input type="checkbox"/> Pension/Profit Sharing Contributions
<input type="checkbox"/> HSA Contributions
<input type="checkbox"/> Health Insurance Premiums
<input type="checkbox"/> Other Fringe Benefits | <input type="checkbox"/> Business Insurance
<input type="checkbox"/> Life Insurance Payments
<input type="checkbox"/> E&O / Casualty & Theft Loss Insurance
<input type="checkbox"/> Other Insurance <i>(disability, auto, etc.)</i> |
| <input type="checkbox"/> Depreciation
<input type="checkbox"/> Date & Cost of Acquired Assets
<input type="checkbox"/> Date & Sale Price of Assets Sold | <input type="checkbox"/> Rent Expenses
<input type="checkbox"/> Office Space Rent
<input type="checkbox"/> Company Vehicle Lease
<input type="checkbox"/> Equipment & Storage Rental Expenses |
| <input type="checkbox"/> Transportation Expenses
<input type="checkbox"/> Business Mileage Log
<input type="checkbox"/> Receipts for Parking, Tolls, & Public Transportation | <input type="checkbox"/> Interest Expenses
<input type="checkbox"/> Mortgage Interest (if building is owned)
<input type="checkbox"/> Business Loan Interest |
| <input type="checkbox"/> Travel Expenses
<input type="checkbox"/> Airfare & Fees
<input type="checkbox"/> Hotel & Fees
<input type="checkbox"/> Meals <i>(plus tips)</i>
<input type="checkbox"/> Mileage if by Auto <i>(or taxi fare plus tips)</i>
<input type="checkbox"/> Internet <i>(hotel room, cafe, etc.)</i>
<input type="checkbox"/> Other Travel Related Expenses | <input type="checkbox"/> Home-Office Expenses
<input type="checkbox"/> Square Footage of Office Space / Home
<input type="checkbox"/> Mortgage Interest or Rent Paid
<input type="checkbox"/> Itemized Cost to Run Office / Household |
| <input type="checkbox"/> Accounting & Legal Fees | <input type="checkbox"/> Other Expenses
<input type="checkbox"/> Computer & Electronic Expenses
<input type="checkbox"/> Internet, Website & Hosting, Email, etc.
<input type="checkbox"/> Office/Vehicle Maintenance, Repairs, etc.
<input type="checkbox"/> Any Additional Expenses Not Listed |
| <input type="checkbox"/> Advertising & Business Promotion | |

Small Business Expense Information

Business Income by Category

Business Revenue	Amount
From Credit Cards <i>(attach 1099-K)</i>	
From Other Sources <i>(cash, check, etc.)</i>	
Refunds or Discounts Given Back	
Other Income	
Interest on Checking/Savings	
Other	
Other	
Other	
Total Annual Revenue	

Cost of Sales by Category

Cost of Sales	Amount
Purchases <i>(for resale)</i>	
Direct Labor	
Wages/Salaries	
Subcontractors <i>(attach 1099s)</i>	
Other Costs of Sales	
Shipping	
Travel Costs to Jobs	
Bonds, Permits, Fees	
Total Cost of Sales	

Purchase/Sale of Business Assets

Item Description	Purchased	Cost/Basis	Date Sold	Sale Price
<i>Laptop Computer</i>	<i>04/15/2023</i>	<i>792.76</i>	<i>N/A</i>	<i>N/A</i>
<i>Cell Phone</i>	<i>07/02/2014</i>	<i>199.00</i>	<i>07/01/2023</i>	<i>100.00</i>
<i>Desk</i>	<i>10/12/2013</i>	<i>425.00</i>	<i>08/03/2023</i>	<i>325.00</i>

Estimated Taxes <i>(Form 1040-ES)</i>	Federal		State	
	Amount Paid	Date Paid	Amount Paid	Date Paid
Refund from Prior Year				
Coupon #1 (April)				
Coupon #2 (June)				
Coupon #3 (September)				
Coupon #4 (January)				
Total				

Small Business Expense Information

(continued...)

Business Expenses by Category

Category	Annual Expenditure
<i>Example Category</i>	<i>\$1,000.00</i>
Accounting	
Advertising	
Auto Expenses	
Fuel	
Interest	
Insurance	
Repair	
Maintenance	
Registration	
Bank Fees	
Service Charges	
Merchant Fees	
Dues & Subscriptions	
Employee Expenses	
Expense Reimbursement	
Retirement Plan Matching	
Other _____	
Insurance	
General Liability	
Health	
Dental	
Disability	
Workers' Compensation	
E&O	
Interest	
Mortgage on Owned Office	
Credit Card	
Business Loans	
Other _____	
Legal Expense	

Office Expense	
Office Supplies	
Office Rent	
Other Rent	
Equipment	
Other _____	
Repairs & Maintenance	
Taxes, Fees, & Licenses	
Sales Tax	
Payroll Tax	
Property Tax	
Fees	
Licenses	
Travel	
Airfare	
Hotel & Related	
Car Rental	
Meals	
Office Parties/Functions	
Telephone/Computer Services	
Land Lines	
Cell Phones	
Internet	
Cable	
Utilities	
Electric	
Gas	
Water	
Other _____	
Wages (not included in cost of sales)	
Other	

Total Annual Expenses	

Home Office Form

Taxpayer Name: _____

Property Address: _____

Total Square Footage of Home: _____

Total Square Footage of Office Space: _____

Total Square Footage of In-Home Storage Space: _____

Note: spaces for office and storage **MUST BE USED SOLEY FOR THIS BUSINESS.**

Cost to Run Entire Household

Mortgage Interest: (Attach 1098) _____

Insurance: _____

Repairs & Maintenance: _____

Utilities: (total for year) _____

Electric: _____

Gas: _____

Water: _____

Security: _____

Pest Control: _____

Pool Service: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Cost to Run Home Office Only (see reminder below)

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

This would include any expense for items used solely for your office, paid for with personal funds. This **DOES NOT** include items paid out of the business account (those should be listed on the previous page under business expenses).

