

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 2024 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 01/01/2024	\$	_____	Did you change your method of determining value during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Value of inventory on 12/31/2024	\$	_____	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)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Wages Paid to Employees (W-2, W-3) <input type="checkbox"/> Federal & State Payroll Tax Returns <input type="checkbox"/> Commissions Paid to Subcontractors <ul style="list-style-type: none"> <input type="checkbox"/> Any 1099-MISC and 1096 Forms <input type="checkbox"/> Fringe Benefits to Employees <ul style="list-style-type: none"> <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"/> Depreciation <ul style="list-style-type: none"> <input type="checkbox"/> Date & Cost of Acquired Assets <input type="checkbox"/> Date & Sale Price of Assets Sold <input type="checkbox"/> Transportation Expenses <ul style="list-style-type: none"> <input type="checkbox"/> Business Mileage Log <input type="checkbox"/> Receipts for Parking, Tolls, & Public Transportation <input type="checkbox"/> Travel Expenses <ul style="list-style-type: none"> <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"/> Accounting & Legal Fees <input type="checkbox"/> Advertising & Business Promotion | <ul style="list-style-type: none"> <input type="checkbox"/> Contributions & Donations
<small><i>(itemized list of dates, names, and addresses of each charity)</i></small> <input type="checkbox"/> Office Supplies <input type="checkbox"/> Postage & Shipping Expenses <input type="checkbox"/> Business Insurance <ul style="list-style-type: none"> <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"/> Rent Expenses <ul style="list-style-type: none"> <input type="checkbox"/> Office Space Rent <input type="checkbox"/> Company Vehicle Lease <input type="checkbox"/> Equipment & Storage Rental Expenses <input type="checkbox"/> Interest Expenses <ul style="list-style-type: none"> <input type="checkbox"/> Mortgage Interest <i>(if building is owned)</i> <input type="checkbox"/> Business Loan Interest <input type="checkbox"/> Home-Office Expenses <ul style="list-style-type: none"> <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"/> Other Expenses <ul style="list-style-type: none"> <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 |
|---|---|

Small Business Expense Information

Business Income by Category

Cost of Sales by Category

Business Revenue	Amount	Cost of Sales	Amount
From Credit Cards <i>(attach 1099-K)</i>	_____	Purchases <i>(for resale)</i>	_____
From Other Sources <i>(cash, check, etc.)</i>	_____	Direct Labor	_____
Refunds or Discounts Given Back	_____	Wages/Salaries	_____
Other Income	_____	Subcontractors <i>(attach 1099s)</i>	_____
Interest on Checking/Savings	_____	Other Costs of Sales	_____
Other	_____	Shipping	_____
Other	_____	Travel Costs to Jobs	_____
Other	_____	Bonds, Permits, Fees	_____
Total Annual Revenue	_____	Total Cost of Sales	_____

Purchase/Sale of Business Assets

Item Description	Purchased	Cost/Basis	Date Sold	Sale Price
<i>Laptop Computer</i>	<i>04/15/2024</i>	<i>792.76</i>	<i>N/A</i>	<i>N/A</i>
<i>Cell Phone</i>	<i>07/02/2021</i>	<i>199.00</i>	<i>07/01/2024</i>	<i>100.00</i>
<i>Desk</i>	<i>10/12/2016</i>	<i>425.00</i>	<i>08/03/2024</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>	<u>\$1,000.00</u>
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 (<i>not included in cost of sales</i>)	_____
Other	_____
_____	_____
_____	_____
Total Annual Expenses	<u>_____</u>

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).

