

## 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 2020 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 01/01/2020	\$	_____	Did you change your method of determining value during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Value of inventory on 12/31/2020	\$	_____	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"> <li><input type="checkbox"/> <b>Wages Paid to Employees (W-2, W-3)</b></li> <li><input type="checkbox"/> <b>Federal &amp; State Payroll Tax Returns</b></li> <li><input type="checkbox"/> <b>Commissions Paid to Subcontractors</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any 1099-MISC and 1096 Forms</li> </ul> </li> <li><input type="checkbox"/> <b>Fringe Benefits to Employees</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pension/Profit Sharing Contributions</li> <li><input type="checkbox"/> HSA Contributions</li> <li><input type="checkbox"/> Health Insurance Premiums</li> <li><input type="checkbox"/> Other Fringe Benefits</li> </ul> </li> <li><input type="checkbox"/> <b>Depreciation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date &amp; Cost of Acquired Assets</li> <li><input type="checkbox"/> Date &amp; Sale Price of Assets Sold</li> </ul> </li> <li><input type="checkbox"/> <b>Transportation Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Business Mileage Log</li> <li><input type="checkbox"/> Receipts for Parking, Tolls, &amp; Public Transportation</li> </ul> </li> <li><input type="checkbox"/> <b>Travel Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Airfare &amp; Fees</li> <li><input type="checkbox"/> Hotel &amp; Fees</li> <li><input type="checkbox"/> Meals <i>(plus tips)</i></li> <li><input type="checkbox"/> Mileage if by Auto <i>(or taxi fare plus tips)</i></li> <li><input type="checkbox"/> Internet <i>(hotel room, cafe, etc.)</i></li> <li><input type="checkbox"/> Other Travel Related Expenses</li> </ul> </li> <li><input type="checkbox"/> <b>Accounting &amp; Legal Fees</b></li> <li><input type="checkbox"/> <b>Advertising &amp; Business Promotion</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Contributions &amp; Donations</b><br/><small><i>(itemized list of dates, names, and addresses of each charity)</i></small></li> <li><input type="checkbox"/> <b>Office Supplies</b></li> <li><input type="checkbox"/> <b>Postage &amp; Shipping Expenses</b></li> <li><input type="checkbox"/> <b>Business Insurance</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Life Insurance Payments</li> <li><input type="checkbox"/> E&amp;O / Casualty &amp; Theft Loss Insurance</li> <li><input type="checkbox"/> Other Insurance <i>(disability, auto, etc.)</i></li> </ul> </li> <li><input type="checkbox"/> <b>Rent Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Office Space Rent</li> <li><input type="checkbox"/> Company Vehicle Lease</li> <li><input type="checkbox"/> Equipment &amp; Storage Rental Expenses</li> </ul> </li> <li><input type="checkbox"/> <b>Interest Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mortgage Interest <i>(if building is owned)</i></li> <li><input type="checkbox"/> Business Loan Interest</li> </ul> </li> <li><input type="checkbox"/> <b>Home-Office Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Square Footage of Office Space / Home</li> <li><input type="checkbox"/> Mortgage Interest or Rent Paid</li> <li><input type="checkbox"/> Itemized Cost to Run Office / Household</li> </ul> </li> <li><input type="checkbox"/> <b>Other Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Computer &amp; Electronic Expenses</li> <li><input type="checkbox"/> Internet, Website &amp; Hosting, Email, etc.</li> <li><input type="checkbox"/> Office/Vehicle Maintenance, Repairs, etc.</li> <li><input type="checkbox"/> Any Additional Expenses Not Listed</li> </ul> </li> </ul> |
|---|---|

# 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	_____
<b>Total Annual Revenue</b>	_____	<b>Total Cost of Sales</b>	_____

## Purchase/Sale of Business Assets

Item Description	Purchased	Cost/Basis	Date Sold	Sale Price
<i>Laptop Computer</i>	<i>04/15/2020</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>07/01/2020</i>	<i>100.00</i>
<i>Desk</i>	<i>10/12/2013</i>	<i>425.00</i>	<i>08/03/2020</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)				
<b>Total</b>		X		X

# 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	_____
_____	_____
_____	_____
<b>Total Annual Expenses</b>	<b>_____</b>

## 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).

## Auto Expenses for Self-Employed

Business Mileage Questions		
	Auto #1	Auto #2
Total Miles Driven this Year		
Business Miles Driven		
Personal Miles Driven		
Was another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is usage documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you provide BCS with documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** remember that commuting to and from your office is NOT deductible.

	Auto #1	Auto #2
Description of Car		
Name of Driver		
Cost or Other Basis		
Date Placed in Service		
License, Taxes, and Fees		
Interest on Auto Loan		
Gas, Oil, Lubrication, etc.		
Business Parking and/or Tolls		
Tires, repairs, etc.		
Motor Club Dues		
Other (Please Attach List)		
Did you trade an auto used for business this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have records to justify these deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Mileage Log

Date	Start Mileage	End Mileage	Miles Driven	Customer/Job	Description