



Business Intake Questionnaire

This questionnaire lists the types of records you need for us to prepare your business tax return Form Schedule C. The law requires you to keep adequate records to support business income and expenses.

What Type of Business did you operate during the year?

Sole Proprietorship/Self-Employed Independent Contractor Single-Member LLC _____

Business Information

Business Name (leave blank if no business name): _____

Tax ID # (EIN): _____ Owner's SSN: _____

Business Location Address: _____

Phone: _____ Email: _____

Type of Business Activity (Products/Services): _____

Did you start this business this year? Yes No Date Started Business: _____

Business Owner Name (or Independent Contractor): _____ Ownership Percentage: _____

Income Received in 2025 (Check Yes or No)

Yes No

- 1099-NEC (How many contracting jobs did you have during the tax year? _____)
- 1099-K (Debit/Credit Card transactions)
- Cash/Check Business Income
- 1099-DA Received payments from Digital Assets such as Virtual Currency, etc.
- Income from Tips included in income: (How much Qualified Tips: _____)
What occupation did you work in while earning these tips? _____
- 1099-MISC for Other Business Income or Other Farm Income
- Other Income or Tax Documents received: _____
- Other Income or Tax Documents received: _____

Other Information

To determine if this activity is operating as a business or hobby, please answer the following questions:

- 1) Do you have a separate business account for this activity? Yes No
- 2) How do you keep track of your income and expenses? _____
- 3) Do you advertise or market this business activity? (ex: advertise, social media, etc.) Yes No
- 4) Do you actively participate in this activity; What role do you take in this activity? _____
- 5) Do you have an income statement or profit & loss statement? Yes No
If not, fill out the Business Income & Expenses Worksheet on the next page and provide receipts

Business Income & Expenses Worksheet

Check Here & Attach Income Statement/P&L Statement, or fill out this worksheet

INCOME

Gross Sales (or Cash Receipts from Business Activity)	\$
Other Income	\$
Returns and Allowances (Enter as negative number)	\$ -
Cost of Goods Sold = Beginning Inventory + Purchases + Materials & Supplies +Other Cost – Ending Inventory	\$ -
Gross Income	\$

BUSINESS & UNREIMBURSED JOB EXPENSES (Ordinary & Necessary to Operate Business or Perform Job)

Accounting Fees	\$	Payroll Taxes (Employer Portion)	\$
Advertising & Marketing (Website)	\$	Postage	\$
Alarm Service	\$	Printing Costs	\$
Association Dues	\$	Professional Services	\$
Bank Fees (Business Account)	\$	Repairs & Maintenance (Non-Auto)	\$
Bookkeeping	\$	Security	\$
Business Cards	\$	Software	\$
Cleaning	\$	Supplies	\$
Commission and Fees	\$	Taxes	\$
Contract Labor	\$	Telephone – Business Use of Cell	\$
Educational Training (Seminars/Networking Events)	\$	Tools	\$
Equipment Repairs	\$	Transportation	\$
Gifts (\$25 Max per person)	\$	Travel (Away from home for business)	\$
Insurance	\$	Uniforms – Include Dry Cleaning	\$
Lease or Rent Equipment	\$	Union Dues	\$
Lease or Rent Facility/Office	\$	Utilities (Non-Personal)	\$
Legal Fees	\$	Wages	\$
License & Permits	\$	Taxes and Licenses	\$
Meals	\$	Tax Preparation Fees	\$
Mortgage Interests	\$	Other:	\$
Notary Fees	\$	Other:	\$
Office Expense	\$	Other:	\$

CAR & TRUCK EXPENSES

When did you place your vehicle in service for this business or service?		Did you have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have evidence to support your expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Odometer Reading		Business Miles (Not Commuting Miles)		How did you keep track of these auto expenses?	
Beginning	Ending			What percentage of auto use is for business related purposes?	
Vehicle Expense:		Amount:		Vehicle Expenses:	
Cleaning		\$		Oil & Lubrication	
Gas		\$		Parking & Tolls	
Garage Rent		\$		Personal Property Tax	
Insurance		\$		Repairs	
Interests		\$		Tires & Batteries	
Licenses & Leases		\$		Washing and Polishing	

BUSINESS USE OF HOME EXPENSES

Square footage of home area used Regularly & Exclusively for business purposes: _____ Total area of home: _____

Home Expense	Amount:	Home Expense	Amount:	Home Expense	Amount:
Mortgage Interests	\$	Insurance	\$	Repairs & Maintenance	\$
Real Estate Taxes	\$	Rent	\$	Utilities	\$

Asset Purchase Info	Description: _____	Purchase Date: _____	Purchase Price: \$ _____	Business Use % _____
	Description: _____	Purchase Date: _____	Purchase Price: \$ _____	Business Use % _____

I declare under penalties of perjury that the information on this form is true, complete, and correct to the best of my knowledge.

Your Signature: _____ Title: _____ Date: _____