



# 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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-NEC (How many contracting jobs did you have during the tax year? ____)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-K (Debit/Credit Card transactions)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash/Check Business Income   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-DA Received payments from Digital Assets such as Virtual Currency, etc.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from Tips included in income: (How much Qualified Tips: _____<br>What occupation did you work in while earning these tips? _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-MISC for Other Business Income or Other Farm Income   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Income or Tax Documents received: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)	\$ -
<b>Cost of Goods Sold</b> = Beginning Inventory + Purchases + Materials & Supplies + Other Cost – Ending Inventory	\$ -
<b>Gross Income</b>	<b>\$</b>

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)	Other Miles	How did you keep track of these auto expenses?	What percentage of auto use is for business related purposes?
Beginning	Ending				
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: \_\_\_\_\_