

BUSINESS ACTIVITY OR SELF EMPLOYMENT QUESTIONNAIRE

BUSINESS INFORMATION

Business Name	_____	Federal EIN#	_____
Business Address	_____	Business Phone	_____
	_____	Years in Business	_____
Business Website	_____	Email	_____
Business Description (include product sold or services rendered) :	_____		

BUSINESS QUESTIONNAIRE

How do you advertise? (business cards, online ads, newspaper ads, etc...)

Yes / No	Do you have any licenses? (If yes, please list them.)
Yes / No	Is a license required for your occupation?
Yes / No	Did you pay any individual or business \$600 or more in the year for services?
Yes / No	If yes, did you provide them with a 1099-MISC?
Yes / No	Do you have any employees?
Yes / No	Did you materially participate in the business during the year?
Yes / No	Do you maintain a separate business bank account?

If no, how do you differentiate between personal and business transactions?

Please list any local, state, or federal tax returns that you filed during the year. (Sales tax, employment taxes, etc...)

What kind of records do you keep? Check each that applies below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Customer receipt book | <input type="checkbox"/> Advertising | <input type="checkbox"/> Business bank account |
| <input type="checkbox"/> Paid expense receipts | <input type="checkbox"/> Form 1099 received | <input type="checkbox"/> Car travel log |
| <input type="checkbox"/> Computer records | <input type="checkbox"/> Accounting records | <input type="checkbox"/> Client statements |
| <input type="checkbox"/> Ledgers | <input type="checkbox"/> Log books | <input type="checkbox"/> Other: _____ |

Business Income (attach all 1099's received)		Cost of Goods Sold (only if selling goods or products)	
Gross business sales receipts	\$ _____	Beginning inventory	\$ _____
(Include all cash and amounts not included on 1099's)		Goods purchased	\$ _____
Returns and Allowances	\$ _____	Cost of items removed for	
Other Income		personal use	\$ _____
Description:	\$ _____	Ending inventory	\$ _____
_____	\$ _____	Labor	\$ _____
_____	\$ _____	Materials/Supplies	\$ _____

Home Office

Check here if you use the space primarily and EXCLUSIVELY for business

Square feet used exclusively for your office/storage	_____	Rent	\$ _____
Total square feet of your home	_____	Utilities	\$ _____
Date home was acquired and date it was placed in service	_____	Home Insurance	\$ _____
Original cost of home & subsequent improvements	\$ _____	Real Estate Taxes	\$ _____
Home mortgage interest	\$ _____	Repairs	\$ _____
Other expenses (security, HOA, etc.)	\$ _____	Maintenance	\$ _____

Business Deductions

Advertising	\$ _____	Bank charges	\$ _____
Commissions and fees	\$ _____	Credit card merchant fees	\$ _____
Contract labor	\$ _____	Customer gifts and incentives	\$ _____
Insurance - business (not auto insurance)	\$ _____	Dues and subscriptions	\$ _____
Interest - mortgage (business property only)	\$ _____	Education	\$ _____
Interest - other (credit card, non-auto loans)	\$ _____	Internet	\$ _____
Professional services - legal	\$ _____	Marketing expense	\$ _____
Professional services - tax & accounting	\$ _____	Postage and shipping	\$ _____
Office expense	\$ _____	Printing	\$ _____
Rent - machinery & equipment	\$ _____	Promotion	\$ _____
Rent - building	\$ _____	Recruiting	\$ _____
Repairs & maintenance (not vehicle expenses)	\$ _____	Telephone - cell phone	\$ _____
Supplies	\$ _____	Telephone - exclusively business	\$ _____
Taxes - payroll	\$ _____	Uniforms (not usable outside work)	\$ _____
Taxes - property	\$ _____	Other expenses (describe below)	_____
Taxes - sales (only if included in income)	\$ _____		\$ _____
Taxes - licenses and fees	\$ _____		\$ _____
Travel - lodging & transportation	\$ _____		\$ _____
Travel - meals only	\$ _____		\$ _____
Utilities (only business related)	\$ _____		\$ _____
Wages paid	\$ _____		\$ _____

Vehicle Expenses

		Vehicle #1	Vehicle #2
Date vehicle was placed in service		_____	_____
Vehicle year, make & model		_____	_____
TOTAL mileage driven during the year		_____	_____
BUSINESS mileage driven during the year (do NOT include commuting)		_____	_____
Actual Expenses	If you OWN the vehicle		
Garage Rent	Date purchased	_____	_____
Gas	Vehicle cost	\$ _____	\$ _____
Insurance	Vehicle loan interest	\$ _____	\$ _____
Licenses	paid during the year	_____	_____
Oil			
Parking fees	If you LEASE the vehicle		
Rental fees	Date lease began	_____	_____
Interest	Length of lease	_____	_____
Property tax	Cost of vehicle if you		
Repairs	had purchased it	\$ _____	\$ _____
Tires	Down payment	\$ _____	\$ _____
Tolls	Lease payments	\$ _____	\$ _____

Business Assets

Did you acquire assets used in your business during the year (computers, equipment, etc.) Yes No

*If yes, provide details below for each item purchased

Description	Date purchased	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Review the prior year depreciation detail provided in your prior year tax return and advise us of any other changes to assets

Did you trade-in, sell, or scrap any assets during the year? Yes No

*If yes, provide details below for each item purchased

Description	Date of disposal	Amount received
_____	_____	\$ _____
_____	_____	\$ _____

By signing this form, you are acknowledging that the information that you have provided is true to the best of your knowledge.

Authorized Company Representative: _____ Date: _____