

# Tax Questionnaire for a Small Corporation or LLC

Name of company: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**IRS has stated that you Must answer these questions or we cannot prepare your return:**

Have you paid any individual \$600 or more for services rendered?: Yes \_\_\_\_\_ No \_\_\_\_\_

Did Everyone in your Household Have Health Insurance For The Entire Year? \_\_\_\_\_ Yes \_\_\_\_\_ No

**INCOME**

Income from Services \$ \_\_\_\_\_

Income from Product Sales \$ \_\_\_\_\_

**COST OF GOODS SOLD FOR PRODUCT SALES**

Products Purchased for Resale \$ \_\_\_\_\_

Sub-Contractors \$ \_\_\_\_\_

Inventory @ Cost at Year End \$ \_\_\_\_\_

**ASSETS PURCHASED THIS YEAR**

Automobiles \$ \_\_\_\_\_

Trucks & Vans \$ \_\_\_\_\_

Machinery & Equipment \$ \_\_\_\_\_

Office Fixtures & Equip \$ \_\_\_\_\_

Computer Equipment \$ \_\_\_\_\_

Software \$ \_\_\_\_\_

Other ( \_\_\_\_\_ ) \$ \_\_\_\_\_

**PAYROLL** (Please attach W-2s & 941s)

Officers Salaries \$ \_\_\_\_\_

Wages (Gross) \$ \_\_\_\_\_

Employer FICA \$ \_\_\_\_\_

Employer FUTA \$ \_\_\_\_\_

Employer SUTA \$ \_\_\_\_\_

**LOAN BALANCES AT 12/31**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

**BANK ACCOUNT BALANCES AT 12/31**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

**AUTO & TRUCK EXPENSES**

Standard Mileage Method

    Business Miles \_\_\_\_\_

    Total Mileage \_\_\_\_\_

Actual Expenses (only complete if NOT Using Standard Mileage Rate)

    Lease Payments \$ \_\_\_\_\_

    Gasoline/Oil \$ \_\_\_\_\_

    Repairs \$ \_\_\_\_\_

    Insurance \$ \_\_\_\_\_

    Other Expenses \$ \_\_\_\_\_

**EXPENSES**

Advertising \$ \_\_\_\_\_

Bank Fees \$ \_\_\_\_\_

Business Gifts \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Computer Supplies \$ \_\_\_\_\_

Contributions \$ \_\_\_\_\_

Delivery/Courier \$ \_\_\_\_\_

Dues \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Equip Rental \$ \_\_\_\_\_

Freight/Shipping \$ \_\_\_\_\_

Insurance: General \$ \_\_\_\_\_

Insur: Your Health \$ \_\_\_\_\_

Insur: Employee Health \$ \_\_\_\_\_

Insurance: Work Comp \$ \_\_\_\_\_

Legal/Accounting \$ \_\_\_\_\_

Licenses \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Office Expenses \$ \_\_\_\_\_

Outside Services \$ \_\_\_\_\_

Interest Expense \$ \_\_\_\_\_

Interest Expense \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Printing \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Sub-Contractors \$ \_\_\_\_\_

Taxes (Not Payroll) \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Training/Seminars \$ \_\_\_\_\_

Travel/Lodging \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_