



## BUSINESS QUESTIONNAIRE

If you checked yes to any question, please provide any supporting documentation you may have.

**BUSINESS NAME:** \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Were there any changes to ownership or sale of shares/interest during the year, or are you expecting any changes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the business dispose of any equipment, vehicles, or furniture?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the business have 50 or more full-time employees?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the mailing or physical address of the business change?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the business file or will it file all required Form 1099s?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the business take out any new loans or lines of credit this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were there any significant changes to the operations of the business?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If the company maintains inventory, was there a change in the method for determining quantities, cost, or valuations between opening and closing inventory during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If applicable, was the inventory valued at the end of the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were there any sales generated in other states or the City of Portland and/or Multnomah County?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the company expect any significant changes to income or expenses in the next year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the company have ownership of or signature authority over foreign bank accounts or ownership in any foreign assets?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you recently received any notices or correspondence from a government agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the company pay for disability or life insurance for its officers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the company offer health insurance to its employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you documented an exit strategy for your business?  | <input type="checkbox"/> | <input type="checkbox"/> |

17. Would you like us to evaluate and review your company health and overall performance using metrics, ratios, and industry comparisons?
18. Did you receive a PPP Loan?
19. Did you receive an EIDL Loan?
20. Have you or do you expect to apply and receive PPP Loan forgiveness?
21. Did you make any federal, state, or local tax payments?

ANY ADDITIONAL INFORMATION: