



REQUIRED BUSINESS QUESTIONNAIRE

TAX YEAR: _____

BUSINESS NAME: _____

If any of the following items pertain to your business for this tax year, please check the appropriate box and provide additional information as necessary.

1. Did the official business name change during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the official business mailing address change during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the business need assistance with completing other possible tax return requirements such as sales and use tax or business property tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were there any changes in ownership in this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you expect any significant transactions in the next tax year that will impact the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the business hire any new employees during this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the business employ any of the owners' children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are not completely satisfied with how you process payroll, either in-house or through the use of an outside payroll processor, would you like someone to contact you to discuss other options that might be available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did the business purchase life insurance for any owners, partners or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did the business provide owners or employees with any fringe benefits such as accident and health insurance, adoption or educational assistance, employer-provided vehicles, qualified transportation (such as bus or transit passes), etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If the business does not provide employees with the ability to pay for their portion of health insurance premiums pre-tax, or offer a dependent child care reimbursement plan or flexible spending accounts, would you be interested in discussing your options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did the business operate, have a physical presence or transact sales in more than 1 state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Did the business have any foreign income or pay any foreign taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did the business have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the business make any energy efficient improvements to your commercial building property in this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did the business have any debts cancelled or forgiven? (This would include a property foreclosure or short sale.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Did anyone owe the business money which has become uncollectible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Was the business notified or audited by either the Internal Revenue Service or a State taxing agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Did the business incur a loss because of damaged or stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Did the business purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any business assets to personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the business have a sales and use tax permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Did the business make any purchase where no sales tax was paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Did the business receive any federal, state or local tax credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Did your business make charitable contributions of food, books to public schools, or computers for educational purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Does the business have a retirement plan for the owners and employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Did you start a new retirement plan during this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If the business has a retirement plan, do you have a third party administrator of the plan to ensure you are in compliance and to file tax Form 5500, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. If the business does not have a retirement plan, would you be interested in more information about one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Did the business properly account for personal use of business autos by owners and employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Did the business maintain mileage logs for business owned vehicles and/or require employees to provide mileage logs to support their requests for expense reimbursements? Mileage logs are required to substantiate business/work related use of vehicles. Estimates are not allowed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Does the business substantiate with adequate records all expenses for meals, entertainment, gifts and travel? Adequate substantiation is required for these expenses. Estimates are not allowed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have all required information returns, such as IRS form 1099, been filed for this tax year? Payments made via cash or check of \$600 or more to all independent contractors and unincorporated vendors may need such forms. Payments made via credit card are excluded. Significant penalties may apply for not issuing required information returns including Form 1099's or misclassifying employees as independent contractors. We will not be responsible for advising you with respect to independent contractor status as part of our services. If you have any questions regarding the classification of employees versus independent contractors, we strongly encourage you to consult with legal counsel experienced in employment practice matters.	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Did your business entity make any IRS or state estimated tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did your business conduct any cryptocurrency transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Did you reconcile all business bank accounts and credit cards, reconcile payroll tax returns with the financials, and review your financial statements or records to ensure they appear reasonable and complete? If no, please do this prior to providing us with your financial statements or records.	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. If your business is a corporation, partnership or LLC, have you filed all required state or local annual statements or similar forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED SIGNATURES:

BUSINESS OWNER/OFFICER/AUTHORIZED REPRESENTATIVE

DATE

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