



BUSINESS NAME: _____

Please answer the following questions and submit details for any question answered "yes".

1. Were there any significant changes or transactions during the year, such as name, address, or ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you expect any significant changes or transactions in the next tax year that will impact the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the business hire any new employees during this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the business employ any of the owners' children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the business engage in any bartering activity during the year? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the business purchase life insurance for any owners, partners, or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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
8. 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 childcare reimbursement plan or flexible spending accounts, would you be interested in discussing your options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did the business operate, have a physical presence, or transact sales in more than one state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did the business have any foreign income or pay any foreign taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. 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
12. Did the business make any energy efficient improvements to commercial building property in this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Did the business have any debts cancelled or forgiven, or did anyone owe the business money which has become uncollectible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. 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
15. Did the business have any property, operations or books and records in a non-COVID-related presidentially declared disaster area during the year? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did the business purchase or dispose (due to sale or damage) 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
17. Does the business have a sales and use tax permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Did the business make any purchase where no sales tax was paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Did the business receive any federal, state, or local tax credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. 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

21. Does the business have a retirement plan for the owners and employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Did you start a new retirement plan during this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. If the business has a retirement plan, do you have a third-party administrator of the plan to ensure you are complying with Form 5500 filing requirements, if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24. 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 <input type="checkbox"/> N/A
25. Did the business properly account for personal use of business autos by owners and employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. 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
27. 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
28. Have all required information returns, such as IRS form 1099-NEC, been filed for this tax year? Total annual 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
29. Did your business entity make any IRS or state estimated tax payments? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Did the business receive or sell, exchange, gift or otherwise dispose of a digital asset or a financial instrument in a digital asset? If yes, provide details. A digital asset is any virtual currency of value that functions as a medium of exchange, a unit of account and/or a store of value. Cryptocurrency, such as Bitcoin, is an example of a digital asset.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did the business receive Paycheck Protection Program (PPP) funds related to the COVID-19 pandemic? If yes, provide details of the amount of funds received if the forgiveness has not been captured on a prior year tax return.	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Did the business receive any cash payments (excluding checks) of more than \$10,000 in the current year in one transaction or two or more related transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. If you answered yes to question #32 above, was Form 8300, <i>Report of Cash Payments over \$10,000 Received in Trade or Business</i> , filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34. Did the business claim the employee retention credit (ERC) and/or credits for qualified leave wages paid to employees due to paid sick leave or expanded family and medical leave for reasons related to COVID-19? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Did the business defer any payroll taxes in 2020 or 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. 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. Provide copies of all federal and state payroll tax reports filed including Forms W-2/W-3, 940 and 941, or provide us access to your payroll processor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. 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
38. Does the business pay any elective passthrough entity tax in any state during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Has the business previously filed an unclaimed property Holder Remit Report with the California State Controller's Office (only for California businesses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Additional questions or comments:

REQUIRED SIGNATURES:

BUSINESS OWNER/OFFICER/AUTHORIZED REPRESENTATIVE

DATE