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**BUSINESS TAX QUESTIONNAIRE**

**COMPANY NAME** \_\_\_\_\_  
Company EIN \_\_\_\_\_ Bus Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Date Formed \_\_\_\_\_  
Entity Type: C Corp \_\_\_\_\_ S Corp \_\_\_\_\_ LLC \_\_\_\_\_ Ptrshp \_\_\_\_\_ Sch C \_\_\_\_\_ Other \_\_\_\_\_  
State Registry Number \_\_\_\_\_ State of Domicile \_\_\_\_\_  
Foreign State Number \_\_\_\_\_ Foreign State to File \_\_\_\_\_

**COMPANY ADDRESS** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ School District \_\_\_\_\_ School/County Code \_\_\_\_\_  
Email Address \_\_\_\_\_

**If we did not prepare your returns for the last three years, please provide a copy of those returns.  
If we already have them from last year, you do not need to resend them.**

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**OFFICE USE ONLY - PLEASE LEAVE BLANK**

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Date Received _____	Processing Charge _____
Set-Up: _____	Preparation Charges _____
Extension _____	Less: Pymts/Credits _____
Bookkeeping _____	Balance Due _____
Preparation _____	Express Charge _____
_____	Total Charge _____
_____	C.C.Fee _____
Final Review _____	Total Due: _____

Date Mailed/Delivered: \_\_\_\_\_

- 1) Did you buy or sell any Cryptocurrency? If so, I need the date and cost of all purchases and sales. If you are holding inventory at the end of the year, I need to know what was included. This means that I need to know how much you own of each type of crypto and the cost of each. Coinbase and other programs will provide Schedule D if required.
  
- 2) If you received PPP Loans, EIDL Grants, SBA Loans and/or any other specialized Government Funding, I need to know how much was received, what type of funding was received and if any was forgiven or will be.  
Each type is different and needs to be separated and categorized before filing.  
We need the year-end SBA Loan Statement from the government.
  
- 3) If you owe taxes this year, I recommend paying it electronically, when I file the return. If you are getting a refund, I recommend that you have the government pay you, electronically.

Please fill out the following information or provide a copy of a voided check.

For Paying Taxes:

Routing Number \_\_\_\_\_ Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_

For Refunds:

Routing Number \_\_\_\_\_ Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_

- 4) If you would prefer to have me draft your bank account to pay your invoice, let me know.
  
- 5) If you would prefer to pay for your invoice by credit card, please provide the following info.

CREDIT CARD INFORMATION AND AUTHORIZATION

Invoice # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Disc. \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_  
Name shown on Credit Card \_\_\_\_\_ Expiration \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ CVS Code \_\_\_\_\_

I hereby authorize you to charge my credit card for service rendered on my behalf:

_____	_____	_____	Total Chg. _____
Legal Signature	Date	Authorization #	3.5% Fee _____
			Total Chg. _____

**IV. BUSINESS INCOME AND EXPENSES (Use separate sheet for each business)**

Description of Business \_\_\_\_\_ TP \_\_\_\_\_ SP \_\_\_\_\_

**Do you have signature authority on a foreign bank account? Yes \_\_\_\_\_ No \_\_\_\_\_**

**A. INCOME SOURCES**

Sales \_\_\_\_\_ Commissions/Bonuses \_\_\_\_\_  
Interest Income \_\_\_\_\_  
Other Income \_\_\_\_\_  
Management Fees \_\_\_\_\_  
\_\_\_\_\_ Other Income \_\_\_\_\_  
\_\_\_\_\_

**B. COST OF SALES & PRODUCTS SOLD**

Purchases \_\_\_\_\_ Beginning Inventory \_\_\_\_\_  
Less: Personal Usage \_\_\_\_\_ Ending Inventory \_\_\_\_\_  
Samples & Demos Exp \_\_\_\_\_ Sold but Uncollectible \_\_\_\_\_  
Damaged/Obsolete Goods \_\_\_\_\_ MTR Adjustments \_\_\_\_\_  
Management Fees \_\_\_\_\_ Other Expenses \_\_\_\_\_  
Subcontract Labor \_\_\_\_\_  
Client Expenses \_\_\_\_\_ Refunds & Discounts \_\_\_\_\_

**C. OPERATING EXPENSES**

Advertising/Promos \_\_\_\_\_ Meetings & Presentations \_\_\_\_\_  
Bad Debt Exp \_\_\_\_\_ Moving & Archival Storage \_\_\_\_\_  
Bank Svc Chgs \_\_\_\_\_ Office Décor \_\_\_\_\_  
Bonuses \_\_\_\_\_ Office Supplies & Expenses \_\_\_\_\_  
Bookkeeping Exp \_\_\_\_\_ Office Rent \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Other Rent \_\_\_\_\_  
Casual Labor \_\_\_\_\_ Officer's Management Fees \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Payroll \_\_\_\_\_  
Charge Discounts \_\_\_\_\_ Payroll Taxes \_\_\_\_\_  
Commissions \_\_\_\_\_ Postage \_\_\_\_\_  
Computer/Software Exp. \_\_\_\_\_ Printing/Secretarial \_\_\_\_\_  
Consulting Fees \_\_\_\_\_ Repairs/Maintenance \_\_\_\_\_  
Conferences/Seminars \_\_\_\_\_ Small Tools/Accessories \_\_\_\_\_  
Donations \_\_\_\_\_ Supplies \_\_\_\_\_  
Dues/Subscriptions \_\_\_\_\_ Tolls & Parking \_\_\_\_\_  
Equipment Lease \_\_\_\_\_ Training Tapes/Literature \_\_\_\_\_  
Equipment Repairs \_\_\_\_\_ Travel Expense \_\_\_\_\_  
Family Labor \_\_\_\_\_ Website Develop/Internet Fees \_\_\_\_\_  
Insurance \_\_\_\_\_ Office in Home Expense ( \_\_\_\_\_ %)  
Interest Exp \_\_\_\_\_ Rent \_\_\_\_\_ Utilities \_\_\_\_\_  
Legal/Accounting Fees \_\_\_\_\_ HO Ins \_\_\_\_\_ Water/Sewer \_\_\_\_\_  
Licenses/Fees \_\_\_\_\_ RE Tax \_\_\_\_\_ Mtg Interest \_\_\_\_\_  
Registered Agent Fee \_\_\_\_\_ Security \_\_\_\_\_ Lawn/Snow \_\_\_\_\_  
Meals for Business \_\_\_\_\_ HOA Fees \_\_\_\_\_ Cable/Internet \_\_\_\_\_  
Medical/Wellness Exp. \_\_\_\_\_ Repairs \_\_\_\_\_ Maintenance Fees \_\_\_\_\_  
Health Insurance Premiums \_\_\_\_\_ Other Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT ENTERTAINMENT IS NO LONGER DEDUCTIBLE**

**AUTOMOTIVE EXPENSES**

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Make & Model	_____	_____	_____	_____
Odometer @ 12/31	_____	_____	_____	_____
Total Miles Driven	_____	_____	_____	_____
Total Business Miles	_____	_____	_____	_____
Commuting Miles	_____	_____	_____	_____
Miles Per Gallon	_____	_____	_____	_____
Type of Expense	_____	_____	_____	_____
Lease Payments	_____	_____	_____	_____
Loan Payments	_____	_____	_____	_____
Gasoline Purchased	_____	_____	_____	_____
Oil Changes	_____	_____	_____	_____
Repairs/Maintenance	_____	_____	_____	_____
Tires/Accessories	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Tags & Licenses	_____	_____	_____	_____
Car Wash/Detailing	_____	_____	_____	_____
Other Auto Exp.	_____	_____	_____	_____
	_____	_____	_____	_____
Total Auto Exp.	_____	_____	_____	_____
	X _____ %	X _____ %	X _____ %	X _____ %
Deductible Amount	_____	_____	_____	_____

**\*Do NOT include Loan Payments. If you own the vehicle, provide purchase info and/or documents**

If a balance sheet is required for your business filings, please provide year-end bank reconciled balances with bank statements, current year-end figures, prior depreciation schedules (if a new client ) and invoices and loan/lease agreements on new vehicles and major equipment acquisitions as well as year-end balances for Receivables, Payables, Bank Loans and other debt.

If you do your own books and have a year-end summary prepared, you may attach your own summary instead of transferring data into this format.

Please provide all 1099's and the documents confirming income from other sources. If you have payroll and/or pay subcontractors, please provide the quarterly payroll reports (941's, State Withholding and State Unemployment reports), the annual Form 940, the W-2's, W-3, 1099's, and 1096.

