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TAX QUESTIONNAIRE

COMPANY NAME \_\_\_\_\_  
Company EIN \_\_\_\_\_ Business Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_ Date Formed \_\_\_\_\_  
Add'l Information: C Corp \_\_\_\_\_ S Corp \_\_\_\_\_ LLC \_\_\_\_\_ Ptrshp \_\_\_\_\_ Sch C \_\_\_\_\_ Other \_\_\_\_\_

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

If we did not prepare your returns for the last three years, please provide a copy of those returns

OFFICE USE ONLY – PLEASE LEAVE BLANK

Date Received \_\_\_\_\_ Processing Charges \_\_\_\_\_  
Set-Up Charges \_\_\_\_\_ Total Charges \_\_\_\_\_  
Extension \_\_\_\_\_ Less: Retainer Pd. \_\_\_\_\_  
Preparation \_\_\_\_\_ Balance Due \_\_\_\_\_  
Express Charge \_\_\_\_\_  
Total Charge \_\_\_\_\_  
C.C. Fee \_\_\_\_\_  
Final Review \_\_\_\_\_ Total Due: \_\_\_\_\_

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

**SMALL BUSINESS INFORMATION SUMMARY**

C Corp \_\_\_ S Corp \_\_\_ LLC \_\_\_ Ptrshp \_\_\_ Sch C \_\_\_ Other \_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_ LBA Payments \_\_\_\_\_  
 SubContract Labor \_\_\_\_\_ Other Expenses \_\_\_\_\_  
 Client Expenses \_\_\_\_\_ Refunds & Discounts \_\_\_\_\_

**C. OPERATING EXPENSES**

Advertising/Promos/Gifts _____	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 Draw _____
Cellular Phone _____	Payroll _____
Charge Discounts _____	Payroll Taxes _____
Commissions _____	Postage _____
Computer/Software Exp _____	Printing/Secretarial _____
Consulting Fees _____	Repairs/Maintenance _____
Conferences/Seminars _____	Small Tools/Accessories _____
Donations _____	Tolls & Parking _____
Dues/Subscriptions _____	Training Tapes/Literature _____
Equipment Lease _____	Travel Expense _____
Equipment Repairs _____	Website Develop/Internet Fees _____
Family Labor _____	Office in Home Expense ( _____ %)
Insurance _____	Rent _____ Utilities _____
Interest Exp _____	HO Ins _____ Water/Sewer _____
Legal/Accounting _____	RE Tax _____ Mtg Interest _____
Licenses/Fees _____	Security _____ Lawn/Snow _____
Meals & Entertainment _____	Repairs _____ Maint. Fees _____
Medical/Wellness _____	HOA Fees _____ Other Exp _____

**AUTO EXPENSES ARE RECORDED ON THE NEXT PAGE**



**AUTOMOTIVE EXPENSES**

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>	<u>Vehicle #4</u>
Description of Vehicle	_____	_____	_____	_____
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 _____ %	_____ %	_____ %	_____ %
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 ther 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, and W-3, 1099's, and 1096.

**PURCHASE & SALE OF ASSETS**

<u>Description of Asset</u>	<u>Date Purch</u>	<u>Cost</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Wash/ADJ</u>	<u>Profit/Loss</u>

**RENTAL PROPERTIES**

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>	<u>Property #4</u>
Address of Property	_____	_____	_____	_____
	_____	_____	_____	_____
Rent Received	_____	_____	_____	_____
Advertising Exp	_____	_____	_____	_____
Auto/Travel	_____	_____	_____	_____
Cleaning Exp	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance Exp	_____	_____	_____	_____
Legal Fees	_____	_____	_____	_____
Licenses/Fees	_____	_____	_____	_____
Maintenance Exp	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Appliances	_____	_____	_____	_____
Carpentry	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Landscaping	_____	_____	_____	_____
Painting	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Roofing	_____	_____	_____	_____
Other Repairs	_____	_____	_____	_____
Security	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Water/Sewer	_____	_____	_____	_____
Other Exp	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____