

# SELF EMPLOYMENT QUESTIONNAIRE

## BUSINESS INFORMATION

<b>Business Name</b>	_____	<b>Federal EIN#</b>	_____
<b>Business Address</b>	_____	<b>Business Phone</b>	_____
	_____	<b>Years in Business</b>	_____
<b>Business Website</b>	_____	<b>Email</b>	_____
<b>Business Description</b> (include product sold or services rendered) :		_____	
_____		_____	

## BUSINESS QUESTIONNAIRE

Yes / No      **Is your business registered with your state? i.e. as an LLC or Corporation?**

Yes / No      **Is a license required for your occupation? If so, what licenses do you hold?**

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Yes / No      **Did you pay any individual or business \$600 or more in the year for services?**

Yes / No      **> If yes, did you issue the appropriate form 1099?**

Yes / No      **Do you have any employees?**

Yes / No      **Did you materially participate in the business during the year?**

Yes / No      **Do you maintain a separate business bank account?**

\*\*\*If no, how do you differentiate between personal and business transactions?

Please list any local, state, or federal tax returns that you filed during the year. (Sales tax, employment taxes, etc...)

How do you advertise? (business cards, online, etc) \_\_\_\_\_

What kind of records do you keep? Check each that applies below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Customer receipt book | <input type="checkbox"/> Advertising        | <input type="checkbox"/> Business bank account |
| <input type="checkbox"/> Paid expense receipts | <input type="checkbox"/> Form 1099 received | <input type="checkbox"/> Car travel log        |
| <input type="checkbox"/> Computer records      | <input type="checkbox"/> Accounting records | <input type="checkbox"/> Client statements     |
| <input type="checkbox"/> Ledgers               | <input type="checkbox"/> Log books          | <input type="checkbox"/> Other: _____          |

### Business Income (attach all 1099's received)

<b>Gross business sales receipts</b>	\$ _____
(Include all cash and amounts not included on 1099's)	
<b>Returns and Allowances</b>	\$ _____
<b>Other Income</b>	
Description: _____	\$ _____
_____	\$ _____
_____	\$ _____

### Cost of Goods Sold (only if selling goods or products)

Beginning inventory	\$ _____
Purchases	\$ _____
(less cost of personal use items)	
Ending inventory	\$ _____
Labor	\$ _____
Materials/Supplies	\$ _____

## Home Office

Must be used primarily and EXCLUSIVELY for business

Square feet used exclusively for your office/storage	_____	Rent	_____
Total square feet of your home	_____	Utilities	_____
Date home was acquired and date it was placed in service	_____	Home Insurance	_____
Original cost of home & subsequent improvements	_____	Real Estate Taxes	_____
Home mortgage interest	_____	Repairs	_____
Other expenses (security, HOA, etc.)	_____	Maintenance	_____

**Business Deductions**

Advertising / Marketing	\$ _____	Rent: building	\$ _____
Bank Charges	\$ _____	Rent: machinery & equip	\$ _____
Commissions and fees	\$ _____	Repairs & Maintenance ( <i>not auto</i> )	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Credit card merchant fees	\$ _____	Taxes - property	\$ _____
Dues and Subscriptions	\$ _____	Taxes - other ( <i>please explain</i> )	\$ _____
Education	\$ _____	Telephone	\$ _____
Insurance	\$ _____	Travel Expense	\$ _____
Interest: mortgage ( <i>business property only</i> )	\$ _____	Uniforms ( <i>not usable outside work</i> )	\$ _____
Interest: other ( <i>not auto</i> )	\$ _____	Utilities	\$ _____
Legal and Professional Fees	\$ _____	Wages Paid **	\$ _____
Meals for travel &/or meetings	\$ _____	Other expenses:	
Office Supplies & Expense	\$ _____		\$ _____
Postage & Shipping	\$ _____		\$ _____
Printing	\$ _____		\$ _____

\*\* If you paid wages, please provide copies of all payroll tax forms filed during the year

**Vehicle Expenses**

	Vehicle #1	Vehicle #2
Date vehicle was placed in service	_____	_____
Vehicle year, make & model	_____	_____
<b>TOTAL</b> mileage driven during the year	_____	_____
<b>BUSINESS</b> mileage driven during the year ( <i>do NOT include commuting</i> )	_____	_____

**Actual Expenses**

Fuel	\$ _____
Licenses	\$ _____
Oil	\$ _____
Parking	\$ _____
Repairs	\$ _____
Tires	\$ _____
Tolls	\$ _____

**If this is a new vehicle, please also detail:**

Date Purchased:	_____	_____
Vehicle Cost: \$	\$ _____	\$ _____
Insurance \$	\$ _____	\$ _____
Interest Paid: \$	\$ _____	\$ _____
Property Tax Paid: \$	\$ _____	\$ _____

**Business Assets**

If you acquired assets used in your business during the year, please provide detail below:

Description	Date purchased	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Did you trade-in, sell, or scrap any assets during the year? If yes, please provide detail below:

Description	Date of disposal	Amount received
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*Review the prior year depreciation detail provided in your prior year tax return and advise us of any other changes to assets

**Additional Notes to Preparer:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*By signing this form, you are acknowledging that the information that you have provided is true to the best of your knowledge.*

Authorized Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_