

2020 YEAR-END BUSINESS INCOME TAX QUESTIONNAIRE

Business Name: _____

The information requested on this form is for the closing of your business books for the year and the preparation of your business income tax return. Please be sure that all information is accurately stated for period ending December 31, 2020.

Ownership:

Were there any changes to the shareholders/owners or ownership percentage in 2020?

Yes_____ No_____

If so, please detail below:

Did the address of the business change during the year?

Yes_____ No_____

If so, please detail below:

Vehicles

Did the business buy or sell any vehicles during the year?

Yes_____ No_____

If so, please detail below:

Loans

Did the business take out any new loans or leases during the year?

Yes_____ No_____

If so, please detail below:

Health Insurance (For S-Corporations only)

Did the S-Corporation pay directly or reimburse any owner(s) for:

Health Insurance

Yes____ No____

Dental Insurance

Yes____ No____

Vision Insurance

Yes____ No____

Disability insurance

Yes____ No____

If so, please list the amounts below:

Total premiums paid in 2020 on behalf of owner 1:

Name_____ Amount_____

Total premiums paid in 2020 on behalf of owner 2:

Name_____ Amount_____

1099s

Did the business make payments that require Form(s) 1099 to be filed?

Yes____ No____

If yes, will the business file all required 1099 Forms?

Yes____ No____

Vehicle Mileage:

Does your business provide a mileage expense reimbursement for any owner or employee owned vehicles?

If so, please detail below:

Auto 1

Auto 2

Auto 3

Year and Make

Total Reimbursable Miles in 2020

Do you have evidence to support the business miles?

Yes____ No____

Is the evidence for the business miles written somewhere?

Yes____ No____

Business Expenses with Personal Funds

Have you paid any business expenses out of your personal accounts? Yes_____ No_____

Have all of the expenses referenced above been recorded on the business financials? Yes_____ No_____

If no, please submit an expense report for these expenses ASAP

Information provided by (name): _____

Information provided by (signature): _____

Date: _____