BUSINESS TAX Questionnaire

Our goal is to ensure that you receive the maximum tax benefits that are available to you. Your assistance is required to enable us to do this.

Please complete the requested information below and return it to us with your December materials or **NO LATER THAN** the date at the end of this questionnaire.

1.	Accounts receivable	Already Provided	N/A
	Balance at year-end: \$	_	
	Should any of the above be written off? *Provide list	*Yes	No
2.	Inventory	Already Provided	N/A
	Value on hand at year-end: \$		
3.	Money owed to your company for loans at year-end	Already Provided	N/A
	Name	\$ Amount	
4.	Accounts payable	Already Provided	N/A
	Total at year-end: \$(Do not include bank loans, mortgages, or auto loans.)		

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5.	Business expenses not paid through company	Already Provided	N/A
	Describe business expenses <u>not</u> paid with company check, company credit card, or electronically debited from company bank account.		
	Describe	\$ Amount	Pymt Method
•	Developed vehicle veges (151 v. (v. v. 11 v. v.)	Almondy Droyided	NI/A
6.	Personal vehicle usage (vehicle not owned by your co.)	Already Provided	N/A
	Total business miles:		
	Can you document these miles in writing?	Yes	No
7.	Loans, mortgages, and leases	Already Provided	N/A
	Have you provided us with copies of all new ones taken out during the year? If not, enclose copies with this form.	Yes	No
8.	Stock changes	Already Provided	N/A
	Any changes in ownership during the year? If yes, provide documentation, including date(s) of changes, full names, and Social Security numbers. Send us a copy of any legal documents, if you have them.	Yes	No

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9.	Other	Already Provided	N/A
	Describe any business transactions you feel may impact your taxes, which you have not already informed us about:		
Print y	our business name, sign, and date below.		
Busin	ess Name:		
Prepa	red by:	Title:	
Date:			

DUE TO STEPHEN A. MACY, CPA, PA BY JANUARY 15!