

2017 BUSINESS TAX QUESTIONNAIRE

PLEASE RETURN BY JANUARY 31, 2018

COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER () _____ - _____

E-MAIL ADDRESS _____

WEBSITE _____

(IF INCORPORATED)

PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

QUESTIONS FOR 2017

(Note: If any unincorporated business/individual receives \$600 or more in a year, 1099 forms are required)

Were 1099 forms required to be printed for 2017? Yes/No (circle one)

If yes – were 1099 forms printed? Yes/No (circle one)

Do you provide Health Insurance for your employees? Yes/No (circle one)

If so, and you have less than 25 employees whose average annual wage is less than \$50,000 you may be entitled to a tax credit. Please complete the attached health insurance schedule and we will complete the forms as required.

LOU-RAY ASSOCIATES

1378 PEARL RD.
BRUNSWICK, OHIO 44212
(330) 220-1999

23611 CHAGRIN BLVD. STE. 235
BEACHWOOD, OHIO 44122
(216) 831-7430

AUTOMOBILE SECTION

IMPORTANT: WE MUST HAVE THIS INFORMATION FILLED OUT IF YOU WISH TO DEDUCT ANY AUTOMOBILE EXPENSES. EXPENSES PAID BY THE BUSINESS THAT IS NOT SUBSTANTIATED WILL BE TREATED AS PERSONAL INCOME.

	Example	Vehicle # 1	Vehicle # 2	Vehicle # 3	Vehicle # 4
Vehicle Description	2007 Ford Expedition				
Date Acquired	6/6/2007				
Purchase Price	\$29,602.00				
Leased Vehicles:					
Fair Market Value	\$29,602.00				
Miles 1/1 to 12/31 Total Miles Driven	10,205				
Business Miles 1/1 to 12/31 Total Business Miles	20.904				
Total Commuting:					
Home to Work & Back	1,343				
Total other personal miles	2,008				
Was the vehicle available for personal use?	Yes				
Is another vehicle available for personal use	Yes				
Was the vehicle primarily used by an officer/owner owning 1% or more of the business?	Yes				
Is the Gross Vehicle Weight over 6000 lbs?	Yes				

Please Circle Answer

Do you have evidence for the above property to support the business use claimed? Yes / No
 Is the evidence written? Yes / No
 Do you maintain a written policy statement that prohibits all personal use of the vehicles including commuting, by your employees? Yes / No
 Do you provide more than five vehicles to your employees, or treat all use of vehicles by employees as personal use? Yes / No

To the best of my knowledge and belief the above information is true, correct and complete.

Signature & Title

Date

(5) MAJOR EQUIPMENT SOLD: (List all major equipment sold during the year)

<u>Date Sold</u>	<u>Item Sold</u>	<u>Selling Price</u>	<u>Date Acquired</u>	<u>Acquisition Cost</u>

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(6) NOTES & CONTRACTS PAYABLE: (List all Installment or Debts other than Accounts Payable owed at year end. Attach copies of all original loan documents for any new loans during the year)

<u>To Whom Owed</u>	<u>Reason for Debt</u>	<u>Balanced owed @ Year End</u>

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(7) SHAREHOLDER OFFICER LOANS: (Please list any loans made from shareholders during the year)

<u>Date of the Loan</u>	<u>Amount Loaned</u>	<u>Deposited in Business Accounts?</u>

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(8) OWNER'S HOSPITALIZATION: Fill in information for all owners or Shareholders. (Do not fill in this section if your business operates as a "C" Corporation)

<u>Owner Name</u>	<u>Monthly Payment</u>	<u>Annual Premium</u>	<u>Paid by the business</u>
			YES / NO
			YES / NO
			YES / NO

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(9) OTHER INFORMATION: Please list any other information you may feel that is required in completing your business tax returns.

