



Business Tax Return Questionnaire – 2018 Tax Year

Submit the completed and signed Business Tax Questionnaire along with any additional tax information via:

- Secure electronic file transfer at: <https://www.clientaccess.com/sharesafe/#/bwccpa>
- Drop off during business hours or leave in our secure drop box at the entrance during after hours.

| BUSINESS INFORMATION | |
|--|----------------------------|
| Business name: _____ | |
| Address: _____ | |
| Primary telephone: _____ | Secondary telephone: _____ |
| Primary email: _____ | |
| If we can't file your tax return by the original due date, do we have your permission to file an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Help us save trees! <input type="checkbox"/> Secure Return E-Copy <u>OR</u> <input type="checkbox"/> Paper Copy | |

| GENERAL BUSINESS TAX INFORMATION | YES | NO | N/A | COMMENTS |
|--|-----|----|-----|----------|
| If we prepare the individual tax returns for any members/owners of your company, have you completed the individual tax questionnaire? | | | | |
| Did the business receive any tax correspondence from the IRS or other government agency during the past year? | | | | |
| Does the business have an interest in, or signature authority over a foreign financial account or have financial accounts/assets/interests maintained or issued by a foreign entity? | | | | |
| Did the business receive a gift/distribution from a foreign person or trust? | | | | |
| Is the business using any cryptocurrencies, such as Bitcoin, Ethereum, etc? If so, please list: | | | | |
| Do you conduct business in any other state and/or country? List: | | | | |
| Were there any ownership changes during the year? If so, please provide details and any documents supporting the changes. | | | | |
| Did your business issue all required Form 1099s? | | | | |
| Is your business current with all payroll tax deposits and filings – federal and state? | | | | |
| Did your business have any debt forgiven or file for bankruptcy? | | | | |
| Do you provide any employee health insurance coverage? | | | | |
| Do you provide a retirement plan to your employees? | | | | |
| Do you have proper documentation to support the following deductions: | | | | |
| • Automobile expenses (log) business & personal miles | | | | |
| • Business meals and employee meals – 50% deductible | | | | |
| • Charitable contributions (signed acknowledgment letter for donations over \$250) | | | | |
| • Did your business provide paid medical and family leave to employees pursuant to a written policy? | | | | |
| • Gifts (\$25 per client) | | | | |

Signature _____ Date: _____