

* **SMALL BUSINESS QUESTIONNAIRE** *

Vacaville - (707) 449-3963

Name / Business: (802) _____ **Tax Year:** _____

Type of Business: (800) _____ **Code** (801) _____

Address (if different), (803, 804) _____ **(44 / 1st YEAR)**

Employer Identification Number (EIN) (805) _____ **ACCT. METHOD (7 / 1) {SPOUSE (1) JOINT (2) CODE (10)}**

GROSS INCOME: * **PPP LOAN:** _____ * **EIDL GRANT:** _____

(1099-K) = _____ (1099 Misc) = _____ (51) \$ _____

Other Income (reimbursements, returns, etc.) (54) \$ _____

INVENTORY: (all @ your cost) * **PPP LOAN AMOUNT FORGIVEN:**

Beginning Inventory (14) _____ **Bring ALL Paperwork!!!** \$ _____

Purchases (less personal use) (15) _____ = Cost of Goods Sold \$ _____

Ending Inventory (20) _____

Cost of Materials to do the Job (18) _____

DIRECT EXPENSES: **TAXES PAID:**

Advertising (56) _____ Sales Tax (43) _____

Contract Labor (1099's Only) (87) _____ Real Estate Tax (45) _____

Employee Expenses (64) _____ Licenses & Permits (75) _____

Insurance (66) _____ **Payroll Taxes:**

Interest Other (67) _____ FICA _____ ETT & UI _____

Legal & Professional (69) _____ Medicare _____ FUTA _____

Office Expense (70) _____ **Total Payroll Taxes** = (41) _____

Equipment Rental (58) _____ **TRAVEL EXPENSES:**

Property Rent or Lease (72) _____ Air Fare _____ Hotel / Motel _____

Repairs (73) _____ Bus, Taxi, etc. = (76) _____

Supplies (74) _____ Travel Meals (76) _____

Utilities _____ Business Meals (81) _____

Phone & Internet (77) _____ Wages (W-2 Employees Only) (78) _____

OTHER EXPENSES:

Bank / Merchant Fees (203) _____ Outside Services (Non-1099 Labor) (209) _____

Dues, Books, Publications (205) _____ Security (213) _____

Education (90) _____ Tools (215) _____

Janitorial (206) _____ Uniforms (216) _____

Laundry & Cleaning (207) _____ (90) _____

(90) _____ (90) _____

NEW EQUIPMENT: List Items Date Cost Business % (Use back of form if more space is needed)

List Items	Date	Cost	Business %

Vehicle Information

Yr / Make / Model	Lease / Purchase	Date:	Yr / Make / Model	Lease / Purchase	Date:
Lease Fees _____	Lease Fees _____	Sales Price _____	Lease Fees _____	Lease Fees _____	Sales Price _____
Interest Paid _____	Interest Paid _____	Insurance _____	Interest Paid _____	Interest Paid _____	Insurance _____
Registration _____	Registration _____	Repairs _____	Registration _____	Registration _____	Repairs _____
Parking/Tolls _____	Parking/Tolls _____	Gas _____	Parking/Tolls _____	Parking/Tolls _____	Gas _____

ENDING ODOMETER: **ENDING ODOMETER:**

Total Miles: _____ Bus. Miles: _____ Total Miles: _____ Bus. Miles: _____