2024 CORPORATE QUESTIONNAIRE



REQUIRED -Please complete and return or upload.



CORPORATE TAX QUESTIONNAIRE

AT A MINIMUM, WE ASK THAT YOU COMPLETE THIS BRIEF TAX QUESTIONNAIRE AND RETURN IT TO US NO LATER THAN MARCH 15TH 2025 OR BE SUBJECT TO SURCHARGE.

SmartVault Document Portal



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| CUSTOMER NAME: | | | |
|----------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | If any of the following items pertain to your business in 2024 please check the appropriate box and provide additional information if necessary. | |
| YES | NO | GENERAL INFORMATION | |
| | | Do you have a QuickBooks or other accounting file for your business? If yes, please select one below: | |
| | | QuickBooks DESKTOP QuickBooks ONLINE Professional Bookkeeper Other: | |
| | | QuickBooks DESKTOP Users Only: Please use the instructions below to provide us necessary information. Select "Yes" if complete. | |
| | | Please provide a PDF of the Balance sheet and Profit and Loss statement for the tax year (2024). IF YOU ARE A NEW CLIENT we will also need this information for the prior tax year (2023) for comparison. Upload this file to our secure ShareFile portal. *If your incorporation is new for 2024 you can ignore the request for prior year data.* | |
| | | SmartVault Document Portal Link | |
| | | QuickBooks ONLINE Customers or Users ONLY: Have you invited us as your accountant to your QuickBooks Online account? If no, please follow the instructions below: If no, please follow the instructions below: 1. From the home screen, click on the Gear icon in the top right corner and select Manage Users 2. Go to the Accounting Firms tab 3. Enter your tax consultant's email address and click the Invite button | |
| | | Do you need a paper copy of your tax return? If yes, additional processing & handling fees will apply to your return. | |
| YES | NO | ASSET INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below. | |
| | | Do you have business bank accounts? Provide copies of the December statements for all accounts. | |
| | | Do any customers owe you money? Provide an updated list of amounts owed to you (accounts receivable summary). | |
| | | If yes, is any of this money uncollectible (i.e., bad debts)? Notate which accounts receivable need to be written off. | |
| | | Do you have inventory? <i>Provide an accurate count or listing.</i> | |
| | | Did you purchase any business assets for more than \$2,500 each? Provide copies of all purchase receipts. | |
| | | Did you dispose of any business assets? Provide a list of assets that are no longer in service. | |
| | | Did you purchase or sell any real estate? Provide copies of all closing statements. | |
| YES | NO | LIABILITY INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below. | |
| | | Do you owe any vendors money? Provide an updated list of amounts you owe (accounts payable summary). | |
| | | Do you have any business loans? Provide copies of the December statements for all loans. | |
| | | Do you have any business credit cards? Provide copies of the statements showing activity through December 31 (usually the statements due in January or February for all accounts. | |
| | | Do you file and pay sales tax? Provide copies of the December sales tax returns (prepared and filed in January). | |
| | | Do you have payroll? Provide copies of the Forms W-2, W-3, A-1, 940, 941 and state unemployment returns (if we prepare your payroll, no copies are necessary). | |
| | | Do you have any related party debt? Provide a copy of the agreement or the amortization schedule. | |





| CUS | CUSTOMER NAME: | | | |
|-----|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| YES | NO | EQUITY INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below. | | |
| | | As the business owner, did you personally contribute or withdraw money from the business? Provide details of money contributed and withdrawn (separate by owner). | | |
| | | Were there any ownership changes during the year? Provide updated ownership percentages. | | |
| YES | NO | INCOME & EXPENSE INFORMATION If <u>yes</u> , provide details or copies of the documentation listed below. | | |
| | | Did you receive any Forms 1099? Provide copies for our files. | | |
| | | Did you pay anyone \$600 or more for rent, services (including parts and materials), prizes and awards, or other income? Provide copies of any Forms 1099 that you issued for our files. | | |
| | | Did you pay rent? If your lease agreement has been updated, provide a copy of your new rental agreement. | | |
| | | Did you pay insurance (including general liability, life, health, etc.)? <i>Provide details of the amounts paid</i> . | | |
| | | Did you make any charitable contributions? Provide copies of any giving statements that you received from the charitable organizations. | | |
| | | Did you make any major repairs and maintenance expenditures? Provide details of the amounts paid. | | |
| | | Did you use a personal vehicle for <u>non-commuting</u> business purposes? Provide the total business mileage driven during 2024 below. | | |
| | | I hereby certify that in 2024 I drove miles for business purposes and have the written records to support a tax deduction. | | |

Shareholder's / Officer's Information

Name

Address

Social Sec. # or FEIN

% Owned



CUSTOMER NAME:

Natural Disater – Business Loss

| J. | | | |
|----|--|--|--|

Did you incur an unreimbursed loss (a loss in excess of insurance or FEMA reimbursement) in a federally declared disaster area?

| lf yes above, please | | Property A | Property B | Property C |
|------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| complete this table and <u>provide</u> supporting | Description of property | | | |
| <u>records.</u> | City, State, Zip | | | |
| | Date acquired | | | |
| | Cost of property | | | |
| | Date of loss | | | |
| | Description of loss | | | |
| | Was insurance claim made? | □ Yes □ No | □ Yes □ No | 🗆 Yes 🔲 No |
| | Received FEMA assistance? | □ Yes □ No | □ Yes □ No | 🗆 Yes 🔲 No |
| | Fair market value <u>BEFORE</u> loss | | | |
| | Fair market value <u>AFTER</u> loss | | | |
| | Total out of pocket expenses | | | |
| Additional Det | ails (optional): | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Please upload this complete SmartVault accourt | ed questionnaire as well as a nt as soon as possible to ensu | estionnaire for Tax Year 202 ny supporting documentatio ure timely delivery of your ta thalltaxes.com or call 818-24 | <mark>n to your secure</mark> x return. |

STATEMENT C

Corporate Organizer

| Business Name: | Client's Name: |
|-----------------------|----------------|
| | Business Name: |

FEIN:

| 2024 | |
|------|--|
| | |

| Business Address: | Business Activity (including Product or Service) |
|--------------------------------|--------------------------------------------------|
| City, State, Zip | Accounting Method Cash Accrual Other |
| Fiscal year: From: To: | Inventory Method Cost Lower C/M Other |
| Gross Receipts / Total Income | Legal & Professional Fees |
| Returns & Allowances | Licenses & Permits |
| Beginning Inventory | Meals |
| Purchases | Office Expense |
| Cost of Items for Personal Use | Outside Services |
| Cost of Labor | Parking & Tolls |
| Materials & Supplies | Pension & Profit Sharing Plans |
| Other Costs | Postage |
| Ending Inventory | Printing |
| Accounting | Refuse Disposal |
| Advertising | Rent- Machinery / Equipment |
| Amortization (Bring Schedule) | Rent - Other Business Property |
| Answering Service | Repairs |
| Bad Debt | Security & Safety |
| Bank Service Charge | Storage |
| Car & Truck Expenses | Supplies |
| Collection Expense | Taxes - Business |
| Commissions | Taxes - Payroll |
| Delivery / Freight | Taxes - Property |
| Depreciation (Bring Schedule) | Taxes - Other |
| Dues / Publications | Telephone |
| Education Expense | Theft/Casualty |
| Employee Benefit Programs | Tools |
| Gifts | Travel - Airfare |
| Guaranteed Payments | Travel - Lodging |
| Insurance - Auto | Travel - Meals |
| Insurance - Other | Travel - Other |
| Interest - Auto | Uniforms |
| Interest - Mortgage | Utilities |
| Interest - Other | Wages & Salaries |
| Janitorial Service | Other (Please List): |
| Laundry & Cleaning | |
| Lease - Equipment | |
| Lease - Auto | |

*As of 1/1/2018 entertainment is no longer deductible