

## **Business Questionnaire** (PLEASE ANSWER ALL QUESTIONS)

Tax Year						
BUSINESS NAME:			Business Tax ID Number			
Business Filed Here Last Year: Yes	No		<mark>Do you need a Bookkeeper</mark> Yes No			
Owner's Name: First and Last Nam			Do you need Payroll or 1099 Se	rvices		
			Yes No			
BUSINESS CONTACT INFORMATIO Business Address		itv	State 7in			
Dusiliess Addi ess			_5ιαιε2ιρ			
Best Phone Number (	) A	Alternate Number (	)			
ENTITY TYPE						
Sole Proprietor	<mark>LLC</mark> <mark>Partnership</mark>	<mark>S Corp</mark>	<mark>C Corp</mark> <mark>Non-Profit</mark>			
From filed business income before?	Herriana harra yay hadif	hia husimass?				
Ever filed business income before? How long have you had this business?						
Do you have proof of expenses paid and payments received?						
Do you have a separate bank account for business transactions?YesNo						
Do you have Income and Expense Sta	tements?YesNo					
Can you provide any of the following b	usiness recordsAccounting R	lecordsPaid Invoic	es/ReceiptsVehicle Expenses			
Did you receive any of the following PPP Loan?YesNo EIDL Loan?YesNo ERC?YesNo						
1	Oo your business have any of the fo	llowing please check all t	hat apply			
[ ]Business Cards/Stationary [ ]Business License [ ]Social Media/Website [ ]Appointment Book [ ]Other						
NOTE: Income and Expense Worksheet Statements are available for you at www.arkedenterprises.com/forms/						
PROOF OF BUSINESS INCOME (che	eck all that apply)					
☐ Self-Employment	☐ Rental Income	□ 1099	☐ Non-Profit Incor	ne		
(Attach Income/Expense Summary)	(Attach Property I/E Worksheet)	NEC/Miscellane (Attach Expense Work		nizer)		
(Actach meonic) Expense Summary)	(	(Attach Expense Work	sneet) (************************************			
I am fully aware that the informati	ion from my auestionnaire and a	ttached forms will he i	used to figure my income, credits i	and		
deductions, which will be used to a	rrive at my tax refund and/or lid	ıbility. İ have reviewed	my tax return with ARKED Enterp			
By signing below under penalties o	r perjury, the information provid	led to ARKED Enterpris	es is true, complete and correct.			
X Signature Required		Date				

Tax Year	Balance Due	[]Drop Off []Upload Date
BUSINESS NAME		OWNERS NAME: First Name and Last Name
Best Phone Number ( )		Alternate Number ( )
E-mail		
	CONSULT	ATION
OWNER's		
Recommendation:		
Action		
Plan:		