(219) 472-8089 | c_thetaxlady@arkedenterprises.com



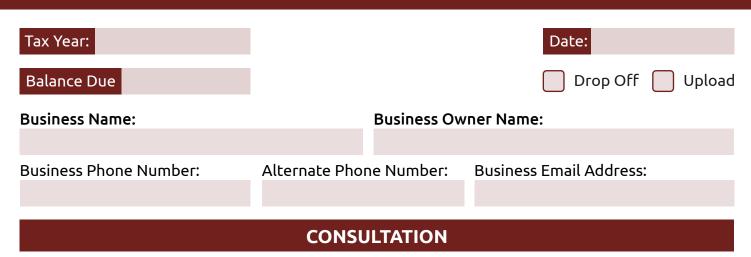
BUSINESS QUESTIONNAIRE

		Тах	Үеаг:	
Business Name:		Busine	Business Tax ID Number:	
Business filed here before 🦳 YI	ES NO Doy	you need a Bookkee	per: YES NO	
Do you need Payroll or 1099 Servi	ices: YES N	0		
Business Owner Name:		ENTITY	ENTITY TYPE:	
Business Address:	City:	State:	Zip:	
Business Phone Number:	Alternate Phone Numb	er: Business Ema	il Address:	
How long have you had this busin	ess			
Ever filed business income before?		YES	NO NO	
Do you have proof of expenses pa	aid and payments receiv	ed? YES	NO	
Do you have a separate bank account for business transactions? YES NO			NO	
Do you have Income and Expense Statements?			NO	
Can you provide any of the follow business records	ing Accounting		l Invoices/Receipts	
EIDL/ERC/PPP Loan?		YES	NO	
Do your business have any of the following (Please check all that apply)	Business Lic Social Media Other		iness Cards/Stationary pointment Book	
PROOF OF BUSINESS INCOME	(Attach Income/Ex (Attach Income/Ex 1099 NEC/M (Attach Expense V	(pense Summary)	Rental Income (Attach Property I/E Worksheet) Non-Profit Income (Attach The Non-Profit Organizer)	

I am fully aware that the information from my questionnaire and attached forms will be used to figure my income, credits and deductions, which will be used to arrive at my tax refund and/or liability. I have reviewed my tax return with ARKED Enterprises. By signing below under penalties or perjury, the information provided to ARKED Enterprises is true, complete and correct.

Signature

01



OWNER's Concern:

Recommendation:

Action Plan:

Business Questionnaire

02