



# BUSINESS QUESTIONNAIRE

Tax Year:

Business Name:

Business Tax ID Number:

Business filed here before  YES  NO

Do you need a Bookkeeper:  YES  NO

Do you need Payroll or 1099 Services:  YES  NO

Business Owner Name:

ENTITY TYPE:

Business Address:

City:

State:

Zip:

Business Phone Number:

Alternate Phone Number:

Business Email Address:

How long have you had this business

Ever filed business income before?  YES  NO

Do you have proof of expenses paid and payments received?  YES  NO

Do you have a separate bank account for business transactions?  YES  NO

Do you have Income and Expense Statements?  YES  NO

Can you provide any of the following business records  Accounting Records  Paid Invoices/Receipts  
 Vehicle Expenses

EIDL/ERC/PPP Loan?  YES  NO

Do your business have any of the following (Please check all that apply)  
 Business License  Business Cards/Stationary  
 Social Media/Website  Appointment Book  
 Other

## PROOF OF BUSINESS INCOME

- Self-Employment (Attach Income/Expense Summary)  Rental Income (Attach Property I/E Worksheet)
- 1099 NEC/Miscellaneous (Attach Expense 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

Date of Signature

Tax Year:

Date:

Balance Due

Drop Off  Upload

Business Name:

Business Owner Name:

Business Phone Number:

Alternate Phone Number:

Business Email Address:

## CONSULTATION

OWNER'S Concern:

Recommendation:

Action Plan: