

BUSINESS/FARM/RENTAL QUESTIONNAIRE

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BUSINESS NAME			
BUSINESS OWNER		EIN	
BUSINESS ADDRESS			
BUSINESS ACTIVITY			
HOW ORGANIZED?	Sole Proprietorship		Single Mbr LLC
	S-Corp	C-Corp	Partnership
BUSINESS START DATE		END DATE	

Y	N	1 Is this a Home Based Business?
Y	N	2 If so, is there an area used exclusively for the business?
Y	N	3 Can you Prove the Business Exists? Stationery
		Receipts License Ads Other Tax Returns
Y	N	4 DO YOU ACCEPT PAYMENTS IN CRYPTO CURRENCY LIKE BIT COIN?
Y	N	5 DID YOU HAVE EMPLOYEES? If so, provide a copy of Form W-2 & W-3
Y	N	6 FOREIGN Bank or Financial Account? If >\$10k, FATCA?
		Highest Aggregate Amount F-BAR required
Y	N	7 Did you make any payments that require you to issue a Form 1099?
Y	N	8 If so, did you issue the Forms 1099?
Y	N	9 Do you have a Separate Bank Account for the Business?
Y	N	10 Do you deposit all income to & pay all expenses from company account?
Y	N	11 Do you have Invoices and Receipts to prove Income and Expenses?
		If Not, how were amounts determined?
		Who maintains the Business Records?
Y	N	12 Do you maintain a Mileage Log per Vehicle for Business & Total Miles?
		IF NOT-How was Mileage determined?
Y	N	13 Was the Vehicle Financed? If so, provide the Interest paid per vehicle.
Y	N	14 Do you pay Health Insurance premiums for you, spouse or dependents?
Y	N	15 DID YOU TAKE OUT A PPP LOAN? IF SO, HOW MUCH?
Y	N	16 PPP LOAN FORGIVEN? IF SO, AMOUNT FORGIVEN.
Y	N	17 DID YOU GET AN EIDL GRANT? IF SO, HOW MUCH?
Y	N	18 ANY OTHER DISASTER GRANTS RECEIVED? AMOUNT
Y	N	19 SELF-EMPLOYED & UNABLE TO WORK DUE TO COVID-19 LOCKDOWN

or Quarantine order, you had the virus, you had symptoms & seeking diagnosis, you were caregiver for a child or family member quarantined or whose school or child care was unavailable due to COVID shutdown