BUSINESS/FARM/RENTAL QUESTIONAIRE 20											
BUS	SINE	SS	NAME								
BUS	SINE	SS	OWNER					EIN			
			ADDRESS								
BUSINESS ACTIVITY											
[] CANNABIS BUSINESS? - STOP. We do not do returns with Cannabis Activity											
IF ANY	IF ANY INCOME WAS RECEIVED OR EXPENSES PAID IN CRYPTO, DETAIL THOSE AMOUNTS SEPARATELY.										
Y	Ν	CR	YPTO CURRENCY - IF ANY Income was received or Expenses were paid in CRYPTO, provide those amounts separately.								
HOW AND WHEN WAS THE BUSINESS ORGANIZED - PROVIDE ORGANIZATION DOCUMENTS											
[] Sole Proprietor [] LLC with only one owner											
[] Qualified Joint Venture (Owned equally by both Spouses - NOT AN LLC or INC)											
BUSINESS START DATE END DATE											
			Number of Clients [] How often are services provided []								
			Items needed to operate								
			How often replinished?								
V	4 How much do you charge for services? 5 Do you travel for business? When & Where?										
Y V	N N		Do you travel for business? When & Where? Can you Prove the Business Exists? Stationery Cards								
1	IN	0	Receipts	License		Ads		Other Ta	x Returns		
Y	N	7	DID YOU HAVE EI		? If so, p		pies of F			l 941's	
	N		Did you make any payments that require you to issue a Form 1099?								
Y	N	9	If so, did you issue the Forms 1099?								
Y	N	10	Are You in compliance with Employee vs Contractor Issues?								
Y	Ν	8	Are all of your workers qualified to legally work in the US?								
Y	N		Do you have a Separate Bank Account for the Business?								
Y N 10 FOREIGN Bank or Financial Account? Hig									\$		
	Country [] FBAR Req []FATCA Req										
	N		ALL INCOME IS DEPOSITED into Company Account? ALL EXPENSES ARE PAID out of Company Account?								
Y Y	N N		Do you have Invoices and Receipts to prove Income and Expenses?								
•	If Not, how were amounts determined?								51		
			Who maintains the B								
Y	N	14	Did your busine:	ss operate	e at a Lo	oss? If s	o, how c	lid you p	ay for th	at	
Loss?											
Y	N		Do you pay Health Insurance premiums for you, spouse or dependents?								
Y	N	16	IF SO, provide total amount Paid (include 1095A for marketplace)								
ALSO PROVIDE details of the availability of Y N 17 DID YOU GET ANY GRANTS? IF SO, HOW MU							-			nce.	
Y	N	17		NY GRAN	rs? if s	50, HOW	MUCH?		\$		
			Provide Details								