BUSINESS TAX QUESTIONNAIRE

COMPANY NAME:		
ADDRESS:		
CITY	_STATE	ZIP
TELEPHONE NUMBER ()	
E-MAIL ADDRESS		
WEBSITE		
(IF INCORPOR	ATED)	
PRESIDENT:		
VICE PRESIDENT:		
SECRETARY:		
TREASURER:		

QUESTIONS FOR CURRENT TAX YEAR

(Note: If any unincorporated business/individual receives \$600 or more in a year, 1099 forms are required)

Were 1099 forms required to be printed for current tax year? Yes/No (circle one)

If yes – were 1099 forms printed? Yes/No (circle one)

NEO ACCOUNTING & TAX SERVICES LLC

1378 PEARL RD. BRUNSWICK, OHIO 44212



23811 CHAGRIN BLVD. STE. LL60 BEACHWOOD, OHIO 44122

AUTOMOBILE SECTION

<u>IMPORTANT:</u> WE MUST HAVE THIS INFORMATION FILLED OUT IF YOU WISH TO DEDUCT ANY AUTOMOBILE EXPENSES. EXPENSES PAID BY THE BUSINESS THAT IS NOT SUBSTANTIATED WILL BE TREATED AS PERSONAL INCOME.

	Example	Vehicle # 1	Vehicle # 2	Vehicle # 3	Vehicle # 4
Vehicle Description	2007 Ford Expedition				
Date Acquired	6/6/2007				
Purchase Price	\$29,602.00				
Leased Vehicles:					
Fair Market Value	\$29,602.00				
Miles 1/1 to 12/31 Total Miles Driven	10,205				
Business Miles 1/1 to 12/3 Total Business Miles	1 20.904				
Total Commuting:					
Home to Work & Back	1,343				
Total other personal miles	2,008				
Was the vehicle available for personal use?	Yes				
Is another vehicle available for personal use	Yes				
Was the vehicle primarily used by an officer/owner owning 1% or more of the business?	Yes				
Is the Gross Vehicle Weight over 6000 lbs?	Yes				
		***********	••••••	*********	••••••
	P	lease Circle A	Answer		
Do you have evidence for t Is the evidence written?					Yes / No Yes / No
Do you maintain a written including commuting, by y Do you provide more than	our employees	?	_		Yes / No
employees as personal use					Yes / No
To the best of my knowled	ge and belief the	e above informa	tion is true, corre	ect and comple	te.
	Signature & Titl	le		Date	

(2) A (CCOUNTS RECEIVA	ABLE: \$_	
	Less Bad Debts	_	
	Collectible accounts r	eceivable @ year end _	
List o	f Bad Debts: Name	How old is the debt	Amount
3) IN		CHANDISE HELD FOR RE	
	VENTORY OF MER		ESALE OR PRODUCTION
	(a) Inventory must be	CHANDISE HELD FOR RE	ESALE OR PRODUCTION with methods used in previous
	(a) Inventory must be (b) Attach inventory l	CHANDISE HELD FOR RE	ESALE OR PRODUCTION with methods used in previous lar amounts Cost \$
(3) IN	(a) Inventory must be (b) Attach inventory l	CHANDISE HELD FOR RE taken in a manner consistent v ist extended and totaled in doll N AT	esale or production with methods used in previous lar amounts
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vears 4) M he ye	(a) Inventory must be (b) Attach inventory l INVENTORY TAKE	taken in a manner consistent vist extended and totaled in dollars. NAT	esale or production with methods used in previou lar amounts Cost \$OR Price \$or equipment purchased during

Date Sold	Item Sold	Selling Price	Date Acquired	Acquisition Cost
	•••••	•••••	•••••	
•		*	all Installment or D of all original loan	ebts other than documents for any
new loans during Fo Whom Owed	the year)	_	_	d owed @ Year End
o whom owed	Reas	oli ioi Deoi	Darancec	rowed @ rear End
		R LOANS: (Plea	se list any loans ma	nde from
hareholders dur			-	nde from Business Accounts?
hareholders dur	ing the year)		-	
hareholders dur	ing the year)		-	
hareholders dur	ing the year)		-	
shareholders duri Date of the Loan	ing the year) Amoun	nt Loaned	Deposited in	Business Accounts?
Shareholders during the Loan Date of the Loan Shareholders (Discours).	HOSPITALIZA on not fill in this s	TION: Fill in infection if your bus	Deposited in ormation for all ownsiness operates as a	mers or "C" Corporation)
hareholders duri Date of the Loan	HOSPITALIZA on not fill in this s	nt Loaned TION: Fill in inf	Deposited in ormation for all ownsiness operates as a	ners or "C" Corporation) Paid by the business
hareholders duri Date of the Loan 8) OWNER'S I	HOSPITALIZA on not fill in this s	TION: Fill in infection if your bus	Deposited in ormation for all ownsiness operates as a	mers or "C" Corporation)

(10) ACCOUNTS PAYABLE: (Bills my business owes as of _____ close of year) (PERTAINS TO BUSINESS ONLY – NOT PERSONAL) Description Account To Whom Owed Mdse., Supplies, Auto Exp. Etc. Code Amount TOTAL \$_____ (Attach additional sheets if necessary)