

Susan E Thomas CPA, Ltd.

Business Tax Questionnaire & Document Guide for 2025

ALL CLIENTS: PLEASE COMPLETE THE FOLLOWING INFORMATION
Client copies will be uploaded to ShareFile, our secure/encrypted online portal.

Company Name:	
EIN:	
Type of Entity:	
<p>Provide a copy of your SS-4 application <u>and</u> IRS EIN letter received. S Corporations also provide Form 2553 <u>and</u> the IRS verification letter received.</p>	
Date company formed:	
Mailing Address:	
City, State, Zip:	
Phone:	
Physical Address:	<input type="checkbox"/> Check the box if this is the same as the mailing address
Street:	
City, State, Zip:	
Contact Person:	
Preferred Contact Method, choose 1, complete both:	<input type="checkbox"/> Email
	<input type="checkbox"/> Phone
Who signs the tax return?	

Signature Authorization Preference: E-Signature Paper Form

Company Owners & Officers
 (If more than 5 owners/officers please attach a complete list)

Title Name Address SSN	
	% Of Ownership
Title Name Address SSN	
	% Of Ownership
Title Name Address SSN	
	% Of Ownership
Title Name Address SSN	
	% Of Ownership
Title Name Address SSN	
	% Of Ownership

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COMPLETE EACH SECTION IN FULL

Yes	No	Taxes
		Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
		Fiscal Year End <input type="checkbox"/> Calendar <input type="checkbox"/> Another month end _____
		What Federal tax form do you file? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you file Forms 1099-MISC and/or 1099-NEC?
		In what state is the company headquarters located? _____
		In which states does the company have a location, property, or employees working? _____
		In what city is the company headquarters located? _____
		In which cities does the company have a location, property, or employees working? _____
		Indicate other types of state & city tax returns you have previously filed:
<input type="checkbox"/>	<input type="checkbox"/>	CAT (Commercial Activity Tax) <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Sales Tax <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually
<input type="checkbox"/>	<input type="checkbox"/>	Use Tax <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Tax <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Unclaimed Funds <input type="checkbox"/> Annually
Yes	No	Accounting / Bookkeeping
<input type="checkbox"/>	<input type="checkbox"/>	Do you use accounting software? If yes , name & type of software: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bookkeeper? If yes , provide name & contact info: Name: _____ Phone: _____ Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	General ledger review frequency preference: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Yes	No	Payroll (Answer the first 2 questions then complete Section A or B only)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have employees? If yes , how many? _____
	Check only one	What is your payroll frequency? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
<input type="checkbox"/>	<input type="checkbox"/>	SECTION A: Company uses a payroll service: What payroll service do you use? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the payroll service company file the payroll tax returns? Ex: Forms 940 & 941
<input type="checkbox"/>	<input type="checkbox"/>	Does the payroll service company file the annual W2's & W3?
		Who submits your payroll hours to the payroll service company? Name & contact phone # _____
<input type="checkbox"/>	Check if same contact	Who submits your payroll deposits? Name & contact phone # _____
<input type="checkbox"/>	Check if same contact	Who files your BWC true-up report? Name & contact phone # _____
<input type="checkbox"/>		SECTION B: NO payroll service used; payroll processed in-house:
<input type="checkbox"/>		Provide the name & contact phone number of the employee responsible for the following tasks. Check the box at left if the contact info is the same for all tasks.
	<input type="checkbox"/>	Processing payroll _____
	<input type="checkbox"/>	Making payroll deposits _____
	<input type="checkbox"/>	Preparing & filing BWC true-up reports _____
	<input type="checkbox"/>	Preparing & filing payroll tax returns _____
	<input type="checkbox"/>	Preparing & filing the annual W-2's & W-3 _____

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Yes	No	Retirement & Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a retirement plan? If yes , provide plan documents.
<input type="checkbox"/>	<input type="checkbox"/>	If you do not have a plan, are you interested in opening one? If yes , when? _____ Do you have a specific plan in mind? _____
		What type of retirement plan do you have? Check one box only. <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(k) with Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple
<input type="checkbox"/>		Provide the name and contact info for the person submitting contributions. _____
<input type="checkbox"/>	Check if same contact	Provide the name and contact info for the company preparing & filing Federal Form 5500. _____
		Who is your Advisor, Record Keeper, &/or Third-Party Administrator?
		Retirement Plan Advisor _____
		Retirement Plan Record Keeper _____
		Retirement Plan Third-Party Administrator _____
If you answer yes to any of the following, provide the plan documents.		
<input type="checkbox"/>	<input type="checkbox"/>	Do you supply health insurance for your employees? If yes , what cost does the company cover? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you supply dental insurance for your employees?
<input type="checkbox"/>	<input type="checkbox"/>	Do you supply vision insurance for your employees?
<input type="checkbox"/>	<input type="checkbox"/>	Code Section 105 - Do you have a Health Reimbursement Arrangement (HRA)?
<input type="checkbox"/>	<input type="checkbox"/>	Code Section 125 - Do you have a Cafeteria Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Code Section 125 - Do you have a Flexible Spending Account (FSA)?
<input type="checkbox"/>	<input type="checkbox"/>	Code Section 125 - Do you have a Premium Only Plan (POP)?
<input type="checkbox"/>	<input type="checkbox"/>	Code Section 223 - Does the company or any of its employees contribute to Health Savings Account (HSA)?
Yes	No	Business Advisory Services
		Indicate the business advisory services you are interested in:
<input type="checkbox"/>	<input type="checkbox"/>	Business Consulting <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Financial Review Meetings <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Tax Planning Meetings <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/>	Tax Projection Preparation <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually

I certify that the above information is true and correct, and I have the documentation supporting all the responses.

Printed Name

Title

Signature

Date