

# Kossel and Associates, Inc.

## Tax Return Questionnaire

### Business Income & Expense (Sole Proprietorship)

Principal business or profession \_\_\_\_\_ Principal business code \_\_\_\_\_

Business name \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP Code \_\_\_\_\_

Business is owned by: Taxpayer  Spouse  Accounting method: Cash  Accrual

Inventory method: Cost  Lower or cost or market  Other  N/A

Did you materially participate in the business? Yes  No

Check if this is the first year of the business.

**Income**

- 1. Gross receipts or sales \_\_\_\_\_
- 2. Returns and allowances. \_\_\_\_\_
- 3. Other income. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Cost of Goods Sold**

- 1. Beginning of year inventory \_\_\_\_\_
- 2. Purchases \_\_\_\_\_
- 3. Cost of items used personally \_\_\_\_\_
- 4. Cost of labor \_\_\_\_\_
- 5. Materials and supplies \_\_\_\_\_
- 6. Other costs \_\_\_\_\_
- 7. End of year inventory \_\_\_\_\_

**Expenses**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1. Advertising _____</li> <li>2. Bad debts (N/A cash basis) _____</li> <li>3. Car and truck expenses _____<br/>(Complete schedule on last page)</li> <li>4. Commissions and fees _____</li> <li>5. Depletion _____</li> <li>6. Depreciation (list below) _____</li> <li>7. Employee benefits _____</li> <li>8. Employee health insurance _____</li> <li>9. Health insurance for you _____<br/>and your family _____</li> <li>10. Other insurance _____</li> <li>11. Mortgage interest _____</li> <li>12. Other interest _____</li> <li>13. Legal and accounting fees _____</li> <li>14. Allocation of tax prep fees _____</li> <li>15. Office expense _____</li> <li>16. Pension &amp; Profit Share plans _____</li> <li>17. Rent, vehicles, mach, &amp; equip _____</li> <li>18. Rent, other business property _____</li> <li>19. Repairs &amp; maintenance _____</li> </ul> | <ul style="list-style-type: none"> <li>20. Supplies _____</li> <li>21. Payroll taxes _____</li> <li>22. Other taxes _____</li> <li>23. Licenses _____</li> <li>24. Travel _____</li> <li>25. Meals and entertainment (in full) _____</li> <li>26. Utilities _____</li> <li>27. Wages _____</li> <li>28. Management fees _____</li> <li>29. Consulting expenses _____</li> <li>30. Payroll service _____</li> <li>31. Employee vehicle expense _____</li> <li>32. Employee mileage reimb. _____</li> <li>33. Client gifts _____</li> <li>34. Education and seminars _____</li> <li>35. Other: (Description) _____</li> <li>36. _____</li> <li>37. _____</li> <li>38. _____</li> <li>39. _____</li> <li>40. _____</li> </ul> |
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**Depreciation:**

New Assets/Property	Date Acquired	Cost or Other Basis	Depr Method	Prior Depreciation