

2015 Self-Employment Questionnaire

Thank you for completing this questionnaire completely and accurately. This is a very important step in analyzing your tax position for the year. By doing so, you provide us with critical information to maximize your deductions. We recommend that you review last year's tax return to ensure you are providing us with complete information and have not missed items that were included on prior year returns. You can access your prior years' tax returns and last year's questionnaire through the secure client portal.

Doing Business As: _____

Contact Person: _____

Preferred: email address: _____ Phone #: _____

CHECKLIST FOR INFORMATION TO PROVIDE

Recommended method of delivery is via our secure portal - do not email documents or information containing sensitive information

Sent	Item Sent
------	-----------

- | | |
|--------------------------|---|
| <input type="checkbox"/> | This signed and completed Questionnaire. |
| <input type="checkbox"/> | If not providing QuickBooks file, please complete entire form. |
| <input type="checkbox"/> | If providing QuickBooks file, please answer question 1 through question 67. |
| <input type="checkbox"/> | For QuickBooks Online: <ul style="list-style-type: none">-Let us know when your file is complete and ready for us to work on.-If you are using QuickBooks Online, verify info@cfcpas.com is set as your accounting firm. Click on the gear icon and select manage users. In the accounting firm section verify info@cfcpas.com is invited or select invite accountant and invite info@cfcpas.com.-If you have a mid-month bank statement or need to void/delete transactions please do not reconcile the bank account until all transactions/adjustments have been entered for December. |
| <input type="checkbox"/> | For QuickBooks Desktop: <ul style="list-style-type: none">-Identify the QB Version (Year) you are using: _____-Make sure all December bank statements are reconciled and send a file transfer to Caufield & Flood per the instructions at the end of the Questionnaire. |
| <input type="checkbox"/> | Copy of December bank statements |
| <input type="checkbox"/> | Receipts for assets purchased costing over \$500 or \$2,500. (See Capitalization memo at our website www.cfcpas.com/client-resources/client-forms/ .) |
| <input type="checkbox"/> | Business credit card statements for Dec.2015 & Jan.2016 with expense categories noted for each expense not in QuickBooks by December 31, 2015. |
| <input type="checkbox"/> | Additional Information as needed per questions below |

We strongly recommend you do not mix personal and business expenses. Separate checking accounts are strongly recommended.

Tax preparation will begin once all information is received. It is most efficient to send in all information at the same time. Client copies of completed tax returns will be available through our secure portal. If completing this form by hand, please complete using black or blue ink only – NO RED INK OR PENCIL PLEASE.

***If additional information is required in questions with an asterisk, space is provided at the end of the questionnaire. Documentation or details must be provided in order for us to begin preparing your return. Thank you!**

INFORMATION ON YOUR SELF-EMPLOYMENT OR BUSINESS ACTIVITY:

1.	This business belongs to: <input type="checkbox"/> Self or if married, <input type="checkbox"/> Husband <input type="checkbox"/> Wife OR <input type="checkbox"/> Both	
2.	Describe your principal business or profession:	
3.	Business Name: Address:	
4.	Employer Identification Number, if applicable (EIN – assigned by IRS):	
5.	Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	
6.	Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other	
7.	Did you change your inventory method during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Did you materially participate in the operation of this business? (If unsure, ask for rules)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Did you start or acquire this business in 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If you use QuickBooks or other software please confirm the prior year end balances agree with Caufield and Flood final balances that were provided with the 2014 tax return.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did the business receive any federal or state tax notices? If yes, please provide.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	At any time during the year, did the business: receive a distribution from, or was the grantor of, or transferor to, a foreign trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Did the business have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does the business have a written and signed Capitalization of Fixed Assets policy in place for 2015? (This is required to be done annually. See Capitalization Policy memo and form at our website.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	How many employees does the business have? _____	
16.	Did the business pay health, dental, long-term care, specific disease, or supplemental insurance for any employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16a.	If yes, was the plan purchased as part of SHOP plan? What type? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b.	Were the payments for a group plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16c.	Were the payments made directly to the insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16d.	Were any employees reimbursed for insurance payments they made themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Were Health Savings Account Contributions made on behalf of employees or owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Did you pay for health insurance premiums for the owner out of pocket?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a.	If yes, are you eligible to be covered under an employer's or spouse's health plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Did the business pay life insurance and/or disability premiums for any owners or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Has the business reviewed its insurance needs for general insurance, professional, liability, workers comp, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Do you have receipts and documentation to support your business deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Have you issued 1099 Forms for all amounts paid for services (except to corporations) of \$600 or over? Please be aware that penalties for failure to file or incorrectly filing range from \$30 to \$100 per form. There is a \$250 penalty for intentional failure to file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Did the business give any gifts (other than charitable contributions) over \$25 to any one individual or entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Are all travel, entertainment and meal expenses substantiated by adequate records? (Documentation for each separate expense includes date, business purpose, names and occupations of those present, locations, and type of entertainment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24a.	Were the travel and entertainment expenses ordinary and necessary for the circumstances? (Ask for more information if needed.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Did the business purchase any assets other than inventory, such as equipment, computers, furniture, vehicles, etc., over \$500 or \$2,500 to be used in the business? (See Capitalization Policy memo at our website) If yes, please provide receipts.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
25a.	If yes to 25, is the purchased asset ready and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Did the business dispose of, sell, or trade any fixed assets? If yes, please provide details.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Does the business have adequate support for all charitable contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> - Monetary donations of less than \$250 each require a receipt, cancelled check or written acknowledgement. - Monetary donations of \$250 or more to any one recipient require a written acknowledgement including the organization's name, date and amount of the donation, and written acknowledgement as to whether any goods or services were received in exchange for the donation. - The acknowledgement must be received by the filing date of the tax return or the extended due date of the return, whichever is earlier. - Non-monetary donations less than \$250 require a receipt or reliable written records including a description of the donated items, fair market value (generally garage sale or thrift shop price, see http://www.satruck.com/donation-value-guide), date and location of donation, name, and address of donee. - Non-monetary donations of \$250 to \$500 require written records as noted above for less than \$250 donations and a written acknowledgement from the charity including a statement as to whether any goods or services were received in exchange for the donation. - If non-monetary over \$500 please discuss with us. 	
28.	If the business uses a home telephone, were those expenses incurred on a separate, dedicated business telephone line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Did the business have any non-business cell phone lines in the monthly cell phone expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Did the business enter into any new lease agreements in 2015? If yes, provide copies of lease agreements.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Did the business take out any new loans in 2015? If yes, please provide copies of the loan documents and an explanation for use of the funds.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Did the business have any debt that was canceled, forgiven, or had the terms modified so as to reduce the principal amount of the debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Does the business have a retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Did you receive any 1099K Forms? If yes, please provide copies.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Are all travel and entertainment expenses substantiated by adequate records? (Documentation for each separate expense includes date, business purpose, names and occupations of those present, locations, type of entertainment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Did you pay sales tax of at least 6.5% on all mail order, telephone, internet, or out of state purchases? Illinois law requires you to pay Illinois Use Tax on purchases you made for use or consumption in Illinois and on which you did not pay Illinois Retailers' Occupation Tax (sales or use tax) to the seller. Illinois is aggressively focusing on collecting this tax. Illinois gathers sales information from other states and foreign countries and bills Illinois residents for unpaid tax, penalties, and interest. (If you are located out of state, most other states have similar policies.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Do you have customers, employees, or contractors performing services outside of the state you are a resident of?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS USE OF AUTOMOBILE:

If you used your automobile for active conduct of your business, you may claim expenses for business use of your vehicle. You must have proof of business use in the form of a mileage log or a written calendar unless you can prove your vehicle was 100% business use. The mileage log must include mileage by date, destination and business purpose of trip.

You may be eligible to claim a standard mileage rate (**2015 \$0.575 per mile**) or claim actual operational expenses for your vehicle. In either case, you must maintain written records to support your deduction. Note: 2016 mileage rate is **\$0.54 per mile**.

Provide the following information for each vehicle you used in your business:

38.	Purchase price of vehicle (if new in 2015):	\$
39.	Date vehicle was first used in your business?	
40.	Description – year, make, model? _____	
41.	For this tax year only, please enter the number of miles your vehicle was used for:	

	Business miles: _____ Commuting miles: _____ Personal miles: _____	
42.	Please enter the amount of interest paid on an auto loan used to purchase this vehicle.	\$
43.	Do you have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Was your vehicle available during off-hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Do you have evidence to support business use of your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45a.	If yes, is the evidence written in the form of a log or calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Automobile Expenses (List expenses if you are not claiming the standard mileage rate.)

Gasoline	\$	Licenses	\$	Repairs & maintenance	\$
Insurance	\$	Parking fees	\$	Tolls	\$
Lease payments	\$	Registration fees	\$	Other expenses	\$

Travel Expense Information & Worksheet:

- For each day you traveled away from home for business that was outside of your metro area, you may choose between claiming the actual cost of your meals or a daily per diem amount.
- The daily per diem amount varies depending on the city and country you traveled to. To calculate the amount you are entitled to claim, you will need to provide us with a detailed list of each city you traveled to during the year and the number of days you were in each city.
- You can alternate your meal expense method between “actual” and “per diem” for each business trip; however you may not use both for the same business trip.

City Visited:	Days in City	City Visited	Days in City
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Please provide **combined** totals for the entire year for the following:

Airfare	\$	Bus, train, taxi	\$
Lodging	\$	Parking and tolls	\$
Meals* (actual receipts)	\$	Other travel (please describe)	\$

*Do not include meals where you are claiming the per diem rate.

BUSINESS USE OF HOME

There is a simplified option for claiming the home office deduction. It is capped at \$1,500 per year based upon a \$5 per square foot office (up to 300 square feet). Depreciation is not taken or required which differs from past rules. Please let us know if you would like to discuss this option further.

46.	Did you use a portion of your home for regular and exclusive business use? If no, skip to #68.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to 46, please provide the following information:	
47.	The cost of the home.	\$
48.	The lesser of your home’s adjusted basis or its fair market value.	\$
49.	Does the amount in #47 or #48 include the value of the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Area of home used regularly and exclusively for business:	Sq. Ft.
51.	Total area of home.	Sq. Ft.
52.	Did you claim home office expenses in prior years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.	Deductible mortgage interest paid for entire home.	\$
54.	Real estate taxes paid for entire home.	\$
55.	Insurance paid for entire home.	\$
56.	Repairs and maintenance for entire home.	\$
57.	Repairs and maintenance allocable directly to business use area of home only.	\$

58.	Utilities for entire home.	\$
59.	Utilities allocable directly to business use area of home only.	\$
60.	Other expenses. Please provide details.	\$
61.	The date you first used your home for business.	
62.	Total hours during the year you used your home for child daycare business.	
63.	Did you live in the home all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64.	If you have claimed home office in past years, has the size of the office or any circumstances related to the deduction changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	Is the office a separate structure which is not attached to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Is the home office the principal place you meet with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME

	If you do not use QuickBooks or a Software package, please complete the rest of the questionnaire.	
67.	What were your gross receipts or sales for the year?	\$
68.	What portion of gross sales listed above was refunded or returned?	\$
69.	Did you have any other income from this business activity not included in gross receipts above? If yes, please provide details.*	<input type="checkbox"/> Yes <input type="checkbox"/> No

COSTS OF GOODS SOLD (COGS):

(Includes all costs associated with manufacturing a product, or purchasing a product for resale.)

70.	Do you manufacture or produce a product for sale to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.	Do you operate a wholesale or retail business where you maintain an inventory of goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72.	What was your opening cost of inventory on the first day of the year?	\$
73.	What was the total cost of products purchased (less cost of items withdrawn for personal use)?	\$
74.	What was the cost of labor related to sale or production of goods held for sale?	\$
75.	What was the cost of materials and supplies used in manufacture or sales production?	\$
76.	What were other costs related to the sale of goods? Please provide a detailed list.	\$
77.	What was the closing inventory at the end of the year?	\$

BUSINESS EXPENSES:

Advertising	\$	Taxes and licenses	\$
Commissions and fees	\$	Travel	\$
Contract labor	\$	Meals and entertainment	\$
Continuing education	\$	Utilities	\$
Employee benefit programs	\$	Wages (on W-2 forms)	\$
Insurance (other than health)	\$	Telephone and Internet (This must be 2 nd line, don't include main home line cost.)	\$
Mortgage interest	\$	Other expenses:	
Other interest (not on auto or home loan)	\$		\$
Legal and professional services	\$		\$
Office expenses	\$		\$
Rent or lease	\$		\$
Repairs and maintenance	\$		\$
Supplies and small tools	\$		\$

Please provide receipts for all large equipment purchases over \$500.

Taxpayer signature: _____ **Date:** _____

Please remember if you answered yes to any of the questions above that all documentation or details (in the order they are listed on this questionnaire) must be provided to us before the preparation of your return will begin. See next page.

