

**SMALL BUSINESS QUESTIONNAIRE**

Type of Business \_\_\_\_\_ Code \_\_\_\_\_  
Name of Business \_\_\_\_\_ Year Started \_\_\_\_\_  
Address \_\_\_\_\_ EIN # \_\_\_\_\_

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**GROSS INCOME** \_\_\_\_\_ Business Income \_\_\_\_\_  
Other Income \_\_\_\_\_

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**INVENTORY**

Beginning inventory \_\_\_\_\_  
Purchases \_\_\_\_\_  
Ending Inventory \_\_\_\_\_ = COGS \_\_\_\_\_  
Cost of Materials to Perform Job \_\_\_\_\_

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**DIRECT EXPENSES**

Advertising	_____	Commissions	_____
Insurance	_____	Interest other	_____
Legal & Prof	_____	Office Expense	_____
Equip Rental	_____	Rental Property	_____
Repairs	_____	Supplies	_____
Taxes – payroll (FICA, Medi -Care, UI, FUTA)	_____		_____
License & Permits	_____		_____
Travel Expenses – Transportation: air _____ : Bus, taxi, etc . _____			
Lodging: Hotel, motel _____			

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**OTHER EXPENSES**

Bank Charges	_____	Dues, Publications	_____
Education	_____	Janitorial	_____
Lndry /Clng	_____	Outside Services	_____
Uniforms	_____		_____

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**NEW EQUIPMENT** (list item, date and amount purchased on the back)

**Total Depreciation** \_\_\_\_\_

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**AUTO EXPENSES**

Auto type	_____	Date	_____	Total Miles	_____
Bus Miles	_____	Gas,oil	_____	Repairs	_____
Insurance	_____	Lease fees	_____	Parking/tolls	_____
				<b>Total Deduction</b>	_____