

J-tax-S Inc.

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Business/Self-Employment Income

This page is our due diligence questions, page 2 is the actual IRS form for what they are looking for in case of an audit, so please complete both forms so we can be proactive. NOTE: on page 2 some questions state that a copy needs to be provided, we are not requiring all of those items at this time.

Business Name: _____

How long have you owned your business? _____

Check next to any of the following you can provide to show you are running a business and not as a hobby

- Business Cards Business Stationery
 Business/Occupational license (if required)
 Advertisements (newspaper, fliers, etc.)

Who maintains the business records? _____

Did you receive any PPP loans, EIP, EIDL or other grants due to COVID19? YES NO

If you have other Employment, Did you receive COVID related sick pay from your employer?

Did you have COVID related time off from running your Business and believe you could qualify for COVID related sick pay?

- subject to Covid related quarantine order
- been advised by a health care provider to self-quarantine due to Covid related concerns
- Experiencing symptoms of Covid and seeking medical diagnosis
- caring for individual who is subject to quarantine order or been advised by health care provider to self-quarantine
- Caring for a child if school or daycare is closed or unavailable due to Covid
- Experiencing any other symptoms substantially similar condition specified by US Dept of Health and Human Services.

If you are claiming mileage, do you have mileage logs to verify date, # of miles, why you went (etc.)?

YES NO

Did you pay any one person or business over \$600 by cash or check (not credit card) if so, have you issued 1099s to these individuals or businesses?

YES NO

By signing below, I verify that the above information is true and correct.

Taxpayer Signature

Date

Spouse Signature

Date

Department of the Treasury — Internal Revenue Service
Questionnaire and Supporting Documentation
Form 1040 Schedule C (Profit or Loss from Business)

Name _____ Social security number _____

Business Address _____

Telephone Numbers (Home) _____ (Business) _____

Business Website (if available) _____

1. Please provide a description of your business. (Type of work, product sold, service provided, hours of operation, where business is conducted)

2. Did you receive Form(s) 1099 MISC for the income reported?

No Yes (Please send a copy of the Form(s) 1099)

3. If you did not receive Form(s) 1099 MISC for the income reported, provide a copy of the record of income showing the customer name. Also, include the social security number or employer identification number, if available.

4. Is a license a requirement of your occupation? No Yes

Do you have a business license? No Yes (Please provide a copy of your license.)

5. How do you advertise for business? (Please submit copies of your advertisement and paid receipts)

Newspaper Personal Computer

Flyers Other (Please explain.) _____

6. By law, you are required to keep adequate records. What type of records do you maintain to verify business income and expenses? (Check all boxes that apply.) (Please submit copies of records.)

Accounting Records Computer Records Business Bank Accounts

Paid Invoices/Receipts Business Stationery Insurance

Advertising Car/Truck Expense Rental Expense

Log Books Ledgers Suppliers (name & address)

Other (Please specify.) _____

This is not an all inclusive listing. If you have other forms of documentation to support your business, please explain and submit copies of the documents.

7. Did you file state and/or local sales tax returns for the tax year? No Yes (Please send copies.)

Note: If you claimed a refund on your return and have not received it, we will not consider your claim until we review your documentation and make a final determination regarding your tax liability. Failure to complete all parts of this questionnaire and submit documentation to verify income and expense may delay our review of your claim for refund.