

**Ernest L Tomkiewicz CPA PLLC
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 SOLE PROPRIETOR QUESTIONNAIRE**

Your name:

Principle business/profession:

Business name:

EIN:

Business address:

Owned by:	Taxpayer	Spouse	
Accounting method	Cash	Accrual	
Inventory method	Cost	Lower cost/market	Other

Did you materially participate in business: Y N

Check if first year in business:

Income:

- Sales
- Returns/allowances
- Other

Expenses:

- | | |
|-----------------------------|------------------------|
| Advertising | Travel |
| Commissions/fees | Meal and entertainment |
| Travel | Utilities |
| Employee benefits | Management fees |
| Health insurance | Vehicle expenses |
| Other insurance | Education |
| Mortgage interest | Other: |
| Other interest | 1 |
| Legal and professional fees | 2 |
| Office expenses | 3 |
| Rent building | 4 |
| Rent equipment | 5 |
| Repairs and maintenance | 6 |
| Supplies | 7 |
| Payroll | 8 |
| Payroll taxes | 9 |
| Other taxes | 10 |
| Licenses | |

Depreciable Property

	Property	Date acquired	Cost	Depreciation method	Prior depreciation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					