

# BUSINESS INCOME INTAKE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Primary Reason for Filing Your Taxes

(Select all that apply)

- Required annual filing
  - Expecting a refund
  - Owe back taxes
  - Need compliance for business or credit
  - Other: \_\_\_\_\_
- 

## 2. What Are You Planning to Do With Your Income Taxes or Refund?

(Check all that apply)

- Pay down debt
  - Take a vacation
  - Purchase a luxury item
  - Buy a home
  - Invest
  - Fix or rebuild credit
  - Start a business
  - Buy a car
  - Build business credit
  - Save / Emergency Fund
  - Education or Certification
  - Other: \_\_\_\_\_
- 

## 3. Which of These Financial Goals Are You Actively Working On This Year?

(Check all that apply)

- Becoming debt-free
  - Improving personal credit
  - Purchasing a home
  - Starting or scaling a business
  - Increasing income
  - Building generational wealth
  - Investing (stocks, real estate, crypto, etc.)
  - Retirement planning
  - Other: \_\_\_\_\_
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Initial: \_\_\_\_\_

#### 4. Timeline for Your Financial Goals

When do you want to take action on the goals above?

- Immediately (0–3 months)
  - Short-Term (3–6 months)
  - Mid-Term (6–12 months)
  - Long-Term (12+ months)
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#### 5. Credit & Funding Readiness

(Check all that apply)

- I want to improve my credit score
  - I need help removing negative items
  - I want to qualify for a home or auto loan
  - I want access to business funding
  - Not interested at this time
- 

#### 6. Business & Wealth Interest

(Check all that apply)

- I want to start a business
  - I already own a business
  - I need help with business taxes
  - I want to build business credit
  - I want funding, grants, or capital
  - I want investment education
  - Not interested at this time
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#### 7. Would You Like a Free or Paid Financial Strategy Session After Your Taxes Are Complete?

- Yes
  - No
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#### 8. Anything You Want Us to Focus On When Reviewing Your Financial Situation?

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Initial: \_\_\_\_\_

# BUSINESS INCOME INTAKE FORM

TAXPREPS Financial Services / BWSN

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## Business Information

1. Legal Business Name: \_\_\_\_\_
  2. DBA (if applicable): \_\_\_\_\_
  3. Business Address: \_\_\_\_\_
  4. Business Phone Number: \_\_\_\_\_
  5. Business Email: \_\_\_\_\_
  6. Business Website / Social Media: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  7. Date Business Started: \_\_\_\_\_
  8. State of Formation: \_\_\_\_\_
- 

## Business Structure

9. Business Type (check one):
    - Sole Proprietor
    - LLC
    - Partnership
    - S-Corporation
    - C-Corporation
  10. Federal EIN (if applicable): \_\_\_\_\_
- 

## Owner Information

11. Owner Name(s) : \_\_\_\_\_  
\_\_\_\_\_
  12. Ownership Percentage(s): \_\_\_\_\_
  13. SSN (if Sole Proprietor): \_\_\_\_\_
- 

Initial: \_\_\_\_\_

## Business Activity

14. Primary Business Activity / Industry : \_\_\_\_\_
15. Description of Products or Services: \_\_\_\_\_
16. NAICS Code (if known): \_\_\_\_\_
- 

## Income Information

17. Total Gross Business Income for the Year: \_\_\_\_\_
18. Income Source(s) (check all that apply):
- 1099-NEC
  - Cash
  - Checks
  - Credit/Debit Cards
  - Online Payments (Stripe, PayPal, Cash App, Zelle, Square, etc.)
  - Other: \_\_\_\_\_
19. Do you maintain business bank accounts?
- Yes
  - No
20. If yes, name of bank(s): \_\_\_\_\_
- 

## Expenses Overview

### Check all expenses that apply:

- Advertising & Marketing
  - Office Supplies
  - Equipment & Tools
  - Software & Subscriptions
  - Business Insurance
  - Legal & Professional Fees
  - Rent / Lease
  - Utilities
  - Internet & Phone
  - Travel
  - Meals
  - Vehicle Expenses
  - Fuel
  - Repairs & Maintenance
  - Education / Training
  - Payroll / Contractors
  - Taxes & Licenses
  - Interest
  - Other: \_\_\_\_\_
- 

Initial: \_\_\_\_\_

## Vehicle Use (If Applicable)

21. Do you use a vehicle for business?  
 Yes  
 No
22. Vehicle Make/Model/Year: \_\_\_\_\_
23. Business-Use Percentage (%): \_\_\_\_\_
24. Miles Driven for Business: \_\_\_\_\_
25. Miles Driven Total: \_\_\_\_\_
- 

## Home Office (If Applicable)

26. Do you have a home office used exclusively for business?  
 Yes  
 No
27. Square footage of home: \_\_\_\_\_
28. Square footage of office: \_\_\_\_\_
- 

## Employees & Contractors

29. Did you pay employees or contractors?  
 Yes  
 No
30. Number of Contractors (1099): \_\_\_\_\_
31. Number of Employees (W-2): \_\_\_\_\_
32. Have 1099s and W-2s been issued?  
 Yes  
 No
- 

## Sales Tax

33. Does your business collect sales tax?  
 Yes  
 No
34. Sales tax filing frequency:  
 Monthly  
 Quarterly  
 Annually
- 

Initial: \_\_\_\_\_

## Accounting & Records

35. Do you use accounting software?
- QuickBooks
  - Wave
  - Excel
  - Other: \_\_\_\_\_
  - None
36. Are your books up to date?
- Yes
  - No
- 

## Prior-Year Information

37. Was a prior-year business tax return filed?
- Yes
  - No
38. Upload prior-year return (if available)
- 

## Business Goals & Support

39. Are you interested in any of the following services?  
(Check all that apply)
- Bookkeeping
  - Tax Planning
  - Business Credit Building
  - Business Formation / Restructuring
  - Funding / Grants
  - Financial Consulting
  - Payroll Setup
  - Compliance Support
- 

## Additional Notes

40. Please provide any additional information we should know about your business:
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## Certification & Signature

*I certify that the information provided is true, accurate, and complete to the best of my knowledge. By typing my name below, I acknowledge this as my electronic signature.*

Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_