

**DAVID C. BRYANT, CPA**  
**2024 BUSINESS TAX RETURN ACKNOWLEDGEMENT**

*It's important that you address each item on this list, as this acknowledgement is to make sure you understand what is needed for us to accurately complete your tax return.*

- ⇒ If you are providing your own QuickBooks file and/or a Profit & Loss and Balance Sheet, we recommend you follow the guidelines below for completing acceptable financial records:
  - ⇒ Transactions recorded include documentation to ensure accuracy (business deposits/income, business checks/expenses, credit card purchases and payments, personal funds used, etc.).
  - ⇒ Bank statements and credit card statements are reconciled through the end of the year (matching receipts/purchases to statements, enter missing items, verify beginning and ending balances of statements to documentation you are providing).
  - ⇒ Loans are correctly recorded in the register (principal & interest are separated into correct accounts).
  - ⇒ Fixed assets purchased for the year are recorded correctly (assets to record are purchases that will be used for more than one year).
  
- ⇒ If you are **not** providing your own QuickBooks file and/or a Profit & Loss and Balance Sheet, David C. Bryant, CPA, will provide financial statements based on the information given to us.
  
- ⇒ If you have opened and/or closed a bank account, credit card account, loan, line of credit, etc., please provide a copy of the last statement for the current 2024 tax year.
  
- ⇒ If you have obtained or changed a lease/loan agreement in 2024, please provide supporting documentation. *This includes shareholder/officer loan agreements including interest rates and loan repayment terms.*
  
- ⇒ If you have work in progress (usually applies to construction) please provide list/amounts.
  
- ⇒ If you have purchased new machinery, equipment, or furniture for use for over a year that cost over \$500, please provide invoice(s).

***By signing below, you verify you have read, understood, and/or answered the following:***

- ***Tailored checklist***
- ***Fixed asset listing***
- ***Business questionnaire***
- ***Above acknowledgement***

***You also verify that, to the best of your knowledge, you have provided all required items and all data given to David C. Bryant, CPA, may be used in preparation of your 2024 business income tax return.***

\_\_\_\_\_  
***Business Name***

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Date***

**DAVID C. BRYANT, CPA**  
**2024 BUSINESS TAX RETURN QUESTIONNAIRE**

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**Business Name:** \_\_\_\_\_

**All Owner Names and Titles:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

**Business/Mailing Address:** \_\_\_\_\_

Please answer the following questionnaire for income tax purposes:

⇒ Did ownership or business structure change in 2024?  YES  NO

*If YES, please select a box below:*

Partner Sold Interest  Became S-Corporation (Election Date: \_\_\_\_\_)

Other: \_\_\_\_\_ (Date: \_\_\_\_\_)

⇒ Please provide average weekly hours worked in your business: \_\_\_\_\_

⇒ Does your spouse work in the business?  YES  NO

*If YES, and you are NOT paying them for their work, please be aware that we may have to split income/expenses between you and your spouse OR consider you a partnership to comply with the IRS.*

⇒ Did you operate in another state in 2024?  YES  NO

(Employees/subcontractors paid in another state, sold goods or services in another state, etc.)

*If YES, please provide a breakdown of sales by state.*

⇒ Did you have a physical presence in another state in 2024?  YES  NO

(Rented space, had an agent selling goods or services in that state, etc.)

⇒ Does the company have a health insurance plan?  YES  NO

*If YES, please answer questions below:*

• Plan is titled in name of:  Company  Shareholder/Member

• Premiums are:  Paid by business  Reimbursed by business

⇒ Does the company have Retirement/Pension/Profit Sharing?  YES  NO

*If YES, please provide a separate listing of eligible employees and copies of W2s/W3s (if we do not handle your payroll) and answer the questions below:*

• Type of plan:  SIMPLE  SEP  401K

• Employer match (amount or %): \_\_\_\_\_

⇒ Ending inventory count by cost, if applicable: \_\_\_\_\_

⇒ Are you an officer, director, or shareholder of a foreign corporation, foreign owned U.S. corporation, or foreign corporation engaged in a U.S. trade or business?  YES  NO

⇒ **If self-employed**, do you have an office **exclusively** for business in your home?  YES  NO

*If YES, please provide square footage of office: \_\_\_\_\_ and total square footage of*

*home: \_\_\_\_\_. Also, please provide all related home expenses (insurance, utilities, etc.)*

**DAVID C. BRYANT, CPA**  
**2024 BUSINESS TAX RETURN QUESTIONNAIRE *CONTINUED***

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⇒ **If you are an S-Corporation or Partnership:**

• Did you hold an annual meeting and keep minutes?  YES  NO

• Do you pay business expenses with personal funds?  YES  NO

*If YES, do you get reimbursed for these expenses through the business?*  YES  NO

*If YES, is this part of an accountable plan?*  YES  NO

*If NO, do you want us to draft the document to put this plan in place?*  YES  NO

*Without this document, reimbursements are NOT eligible business expenses and will be disallowed.*

• Do you make monetary contributions to the business with personal funds?  YES  NO

⇒ **Did you pay back any Financial Aid?**  YES  NO

*If YES, what type of aid?*  SBA Loan  EIDL Loan  Grant(s)

*Also, if you answered YES to paying back, please provide ALL documentation referencing Financial Aid. This includes, but is not limited to, the following:*

- *Promissory Note/Loan Document Stating Terms (Loan Amount, Interest Rate, etc.)*
- *Any Amounts Paid Back*

⇒ Do you have **business related** vehicle use?  YES  NO

*If YES, please complete page 6.*

*If NO, please disregard page 6.*

- **Please Note:** There are two methods used to determine the deduction used for business vehicle use: actual expenses, or mileage. Your vehicle expense will **not** be allowed by the IRS without adequate records/evidence verifying **business** use. Daily records provide the best protection in case of an audit (i.e., mileage logs, receipts, etc.).

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**DAVID C. BRYANT, CPA**  
**2024 BUSINESS TAX RETURN QUESTIONNAIRE *CONTINUED***

**Vehicle Expense:**

- ⇒ Do you have evidence to support business use?  YES  NO
- If YES, is this evidence written?  YES  NO
- ⇒ Do you (or your spouse) have another vehicle available for personal use?  YES  NO
- ⇒ Did you purchase a vehicle in 2024?  YES  NO
- If YES, please provide a copy of the sales invoice.
- ⇒ For each vehicle used for **business** purposes, please complete the questions below:

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
1) Ownership/Vehicle Title (Business Name or Personal)				
2) Vehicle Description:				
a) Year	_____	_____	_____	_____
b) Make	_____	_____	_____	_____
c) Model	_____	_____	_____	_____
3) Date vehicle was first used for business				
4) Cost (cash paid, net of any trade allowance)	\$ _____	\$ _____	\$ _____	\$ _____
a) Was car traded in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Lease payments (for the year)	_____	_____	_____	_____
5) Total miles driven in 2024:				
a) Business	_____	_____	_____	_____
b) Commuting	_____	_____	_____	_____
c) Other Personal	_____	_____	_____	_____
6) Sold in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:				
a) Date sold	_____	_____	_____	_____
b) Sales price/trade info.	\$ _____	\$ _____	\$ _____	\$ _____
<b>If we complete your bookkeeping, please disregard questions 7-13.</b>				
7) Interest paid on vehicle loan ( <i>self-employed only</i> )				
8) Parking and tolls				
<b>If you use the standard mileage allowance, <i>NOT</i> actual expenses, please disregard questions 9-13.</b>				
9) Gasoline, oil, lubrication				
10) Repairs, maintenance, washes				
11) Insurance				
12) Tags and licenses				
13) Other: _____				