



2025 FKCo Business Client Questionnaire

Business Name: _____
Contact Name: _____ Email: _____

Company Structure (If you mark **yes** for any of these items, please provide more detail below or additional documentation.)

Y N

- ____ Did you receive any **business** correspondence from the IRS or State taxing authorities during the year?
- ____ Has your **business** contact information changed since your return was filed last year? Did you move?
- ____ Did you make any changes to your company structure? New or change in shareholders/partners?
- ____ Did you have any operations/sales in any states you did not have last year?
- ____ Did you start or close any locations/divisions/companies?

Other Tax Filings

Y N

- ____ Did your business make any **business** estimated tax payments? (If yes, please provide dates and amounts.)
- ____ Have you timely filed all payroll tax returns (941, 940, State Withholding, State Unemployment, Paid Leave, W-2s) and made all payroll tax deposits?
- ____ Have you filed all required 1099 informational returns?

Business Matters (If you mark **yes** for any of these items, please provide more detail below or additional documentation.)

Y N

- ____ Did you have any significant out of state purchases that require payment of use tax in the state of origin?
- ____ Did you buy, sell or dispose of any assets (equipment, furniture, fixtures)? (If yes, please provide details.)
- ____ Do you offer health insurance to your employees and pay 50% or more of their premiums?
 - ____ If yes, did you buy the plan from the Small Business Health Options Program (SHOP)?
- ____ Do you offer a retirement plan for your employees? If yes, what year did you start the plan? _____
 - ____ If yes, were all payments (and matching contributions) made for the year?
- ____ Did your business own or have signatory authority over **foreign bank accounts or assets**?
- ____ Did your business own (directly or with others) deferred compensation accounts, financial investments, annuities, life insurance, other investment assets, trusts or even another businesses? (If yes, please specify the type of account in the notes below and we will follow up with you.)
- ____ Was your business part of a federally declared disaster zone this past year?
- ____ Do you have documentation to support all summarized info you've provided to prepare your return?
- ____ Have you made any other changes this year that may affect your tax situation?
- ____ Do you expect any extraordinary changes next year that may affect your tax situation?

Notes: