



## Preparer Due Diligence – Business Owners/Sole Proprietors/Independent Contractors

**\*\*These questions are asked to serve as (more than) reasonable inquiries to satisfy Business Activity. These questions and inquiries are administered by the recommendation of a Former IRS Tax Attorney AND are asked outside of the standard Tax Software Package Questionnaire. \*\***

Name of Business: \_\_\_\_\_

Is Your Business Structured as an LLC, Limited Partnership, S or C Corporation, etc.? \_\_\_\_\_

Does Your Company Have an EIN? \_\_\_\_\_

Is Your Company Filed with the Secretary of State? \_\_\_\_\_

Do You Have a Business Checking Account? \_\_\_\_\_

Do You Have any Bank Records? \_\_\_\_\_

Do You Your Business Have Any Bookkeeping (QuickBooks, Peachtree, etc.)? \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

### Social Media Links:

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

YouTube: \_\_\_\_\_

### Explanation of Recording Business Income & Expenses:

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## 2025 - PROFIT AND LOSS SUMMARY

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Sales/Receipts \$ \_\_\_\_\_

### EXPENSES:

Advertising \_\_\_\_\_

Car and Truck \_\_\_\_\_

Commission and Fees \_\_\_\_\_

Contract Labor \_\_\_\_\_

Legal and Professional Services \_\_\_\_\_

Depreciation \_\_\_\_\_

Employee Benefit Program \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Interests:

Mortgage (Paid to bank) \_\_\_\_\_

Other \_\_\_\_\_

Office Expense \_\_\_\_\_

Pension and Profit Sharing Plans \_\_\_\_\_

Rent or Lease \_\_\_\_\_

• Vehicles, Machinery/ Equip \_\_\_\_\_

• Other Business Property \_\_\_\_\_

Repairs and Maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes and Licenses \_\_\_\_\_

Utilities \_\_\_\_\_

Wages (Less employment credit) \_\_\_\_\_

Travel, Meals and Entertainment

Travel \_\_\_\_\_

Deductible meals and

entertainment \_\_\_\_\_

DATE VEHICLE PLACED IN SERVICE \_\_\_\_/\_\_\_\_/\_\_\_\_

MILAGE: BUSINESS \_\_\_\_\_ COMMUTING \_\_\_\_\_

### OTHER EXPENSES (FOR EXAMPLE: Cell Phone, Phone, Fax, Printer, Uniforms, Etc.)

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOXY Tax Service will prepare your 2025 individual tax return from the information you have provided. We will not audit or verify the information you furnished to us. You, the taxpayer, are ultimately responsible for the preparation and filing of your return.

I, the taxpayer named above, have provided to MOXY Tax Service the tax information to the best of my knowledge and this information is true.

\_\_\_\_\_  
TAXPAYER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE