

Corporation or Partnership Questionnaire

Fill out this form if you have a corporate or partnership return

Revised April 20, 2019

Name of LLC or Corporation _____

EIN # _____

Date Started: _____

Principal Business Activity: _____

Principal product or service: _____

_____ Gross Receipts for the year

Expenses:

	Salaries and wages
	Repairs and Maintenance
	Bad Debts
	Rent
	Taxes and License _____ Property Taxes _____ 940 Taxes _____ 941 Taxes _____ TWC Taxes _____ Sales Tax _____ Other Taxes _____ License Fees
	Interest
	Depletion
	Retirement Plans
	Employee Benefit programs
	Accounting
	Automobile and Truck Expenses
	Bank Charges
	Cleaning
	Commissions
	Computer Services and Supplies
	Credit and Collections Costs

	Delivery and Freight
	Discounts
	Dues and Subscriptions
	Equipment Rent
	Gifts
	Insurance
	Janitorial
	Laundry and Cleaning
	Legal and Professional
	Meals, subject to 50% limit
	Meals, allowed at 100% - Entertainment and Parties
	Miscellaneous
	Office Expense
	Outside Services / Independent Contractors
	Parking Fees and Tolls
	Permits and Fees
	Postage
	Printing
	Security
	Supplies
	Telephone
	Tools
	Training / Continuing Education
	Travel
	Uniforms
	Utilities
	Total Farm Expenses – Use Schedule F
	Other
	Billing Services
	Sponsorships
	Lab Fees
	Lease Fees
	Vaccines and Medicines
	Medical Waste Services

