



BUSINESS TAX ORGANIZER

Business Information Questionnaire

Please complete and upload to AFairchild's portal

2026

www.afairchildcpa.com | nicole.branson@afairchildcpa.com | 214-731-7664 | 972-978-8934 direct

Business Information Questionnaire

Please complete all sections and provide supporting documentation where applicable.

Business Information

Complete all applicable fields

Name	
Business Legal Name	
NAICS Code (if known)	

If this is the first year to prepare your return, provide a brief description of your general business
(needed for possible tax credits).

Address & Contact Information

Complete if changed from last year

Street Address / PO Box		
City	State	ZIP Code
Taxpayer Phone		Email Address

General	YES	NO
Did the company make any payments requiring it to file 1099s?	☐	☐
Did the company file 1099s?	☐	☐
Did you issue W-2's? If yes, please provide W-3s and W-2's.	☐	☐
Have there been any changes in ownership during the year? Please provide details.	☐	☐
Have there been any updates or amendments to the partnership or LLC agreement? Please provide.	☐	☐
At any time during 2026, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	☐	☐
Did the company have any foreign transactions during the year or have an interest in, or signature authority over, a foreign bank or securities account?	☐	☐
Do you plan to start a 401(k) plan this year, or have you already started one? If so, please provide your plan's start-up costs.	☐	☐
Has the IRS or any tax agency notified you of changes to a prior-year tax return?	☐	☐
Did the company receive Form 1099's? If yes, please provide.	☐	☐
Did the company dispose of any property during the year? Please provide details.	☐	☐
Did you lease any vehicles or equipment to use in your business? If so, please provide the lease agreement.	☐	☐



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General - Continued	YES	NO
Does your business own a vehicle? If yes, please provide personal and business percentages used or total miles and business miles driven.	☐	☐
Did you purchase a plug-in electric or energy-efficient vehicle on or before September 30, 2025? If yes, please provide the purchase invoice and other documentation provided by the dealer.	☐	☐
Did the business purchase and place in service any energy-efficient property during the year?	☐	☐
Did you pay any employees that did not work for family and medical leave reasons NOT related to COVID-19?	☐	☐
Did the company have loans with partners/members/shareholders or other related parties during the tax year? If yes, attach a schedule indicating the amount of the loan, date of transaction, interest rate and payments.	☐	☐
During the year, did your company have any other debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of debt?	☐	☐
Do you have an area in your home used regularly and exclusively for a home office? If yes, please provide square footage for your office, total square footage for your home, mortgage interest or rent, real estate taxes, utilities, and repairs.	☐	☐
Do you have records to support travel, meals, gifts, or entertainment expenses incurred in your business? Most entertainment expenses are no longer deductible.	☐	☐
A research and development credit exists for certain businesses. If you have research and development expenses in your business, would you like us to contact you to discuss?	☐	☐
If you have less than 25 employees, did you provide health insurance to them? Health insurance credits may be available.	☐	☐
Did the company pay federal excise tax on fuel used for non-highway purposes of a trade or business?	☐	☐
Does the company conduct business in more than one state? (including sales to customers in another state).	☐	☐
Did the company pay for disabled access equipment or improvements during the year?	☐	☐
Did the company provide for or reimburse employees for childcare expenses during the year?	☐	☐
Did the company pay life insurance for owners/key employees? If yes, please provide amounts paid.	☐	☐
Did the company pay for group-term life insurance for its employees? If yes, was the coverage >\$50,000 per person?	☐	☐
Please provide a schedule of the # of Shares owned by each Shareholder/Member/Owner.	☐	☐
Please provide a schedule of the Shareholder/Partner Loans made to the company.	☐	☐
Please provide a schedule of the Company Loans made to the Shareholder/Partner.	☐	☐



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General

YES NO

Does the company have a capitalization policy in place?

☐☐

Capitalization Policy Dollar Threshold

Reasonable Compensation

YES NO

Did the company consider the reasonableness of the salary amounts paid (or lack thereof) to shareholders and guaranteed payments to partners for services to the company?

☐☐

Does the company have any independent research and or documentation to support the reasonable compensation amounts?

☐☐

Other Notes

Add any information you would like your AFairchild team to review

Secure submission reminder

Banking information, Social Security numbers, tax documents, and other confidential information should be submitted through AFairchild's secure portal rather than unsecured email.

When complete: upload this organizer and supporting documents to AFairchild's portal.

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