



2024 Business Questionnaire

Customer Name: _____ Date: _____

(Do you wish to be contacted by email? YES NO)

Company Information

Business Name:	
Drop Date:	
Phone:	
Email:	

		Yes	No
1	Has your business address changed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Did you pay the annual \$800 payment to CA (LLC/Corp)	<input type="checkbox"/>	<input type="checkbox"/>
3	Did you file a statement of information to CA in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you filed a BOIR?	<input type="checkbox"/>	<input type="checkbox"/>
5	Were all 1099s received under the Company name and EIN?	<input type="checkbox"/>	<input type="checkbox"/>
6	Were there any change in partners?	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you buy or lease a vehicle, equipment, or machinery for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			