

Client Name: _____

Tax Year: _____

Product/Service: _____

Staff Initials: _____

BUSINESS INCOME:

Total Sales or Income _____ If using a payment processor (Square, Stripe, Quickbooks, etc.),
 Does this include sales tax collected? NO YES please provide a copy of Form 1099-K.

Refunds/Discounts _____

Any other income? Y N If yes, describe: _____

BUSINESS EXPENSES:

If expenses are mixed use (vehicle, personal), please provide **ONLY** the business portion.

Advertising	_____	Taxes paid	_____
Bank/Card Processing Fees	_____	Include sales tax?	NO YES
Business Permits/Licenses	_____	Taxes- Real Estate	_____
Continuing Education	_____	Does this include your home?	NO YES
Contract labor	_____	Business Telephone- # of lines: _____	_____
Did you send 1099s?	YES NO	Travel- Lodging	_____
Insurance (liability, professional, etc.)	_____	Travel- Meals	_____
Interest	_____	Business meals (not travel status)	_____
Legal/Professional	_____	Utilities: Only for retail/public location (not your home)	_____
Office supplies	_____	Electric	_____
Postage	_____	Gas/Propane	_____
Rent/Lease	_____	Internet	_____
Did you send 1099s?	YES NO	Water/Trash	_____
Repairs/Maintenance*	_____	W2 Wages paid to employees (need W3)	_____
Any major repairs?	NO YES	Other: _____	_____
Supplies (general)	_____	_____	_____

BUSINESS ASSETS:

Receipts are **REQUIRED** for asset purchases of \$2,500 or more.

Did you BUY, SELL, TRADE-IN or SCRAP any assets? NO YES Depreciation Schedule reviewed with Client? YES NO

Date	Description	Total Price	Trade in?	% bus use	Asset #

COST OF GOOD SOLD- Complete this section only if selling products or you have inventory:

Materials/Supplies _____

Product Postage/Shipping _____ Purchases (no personal use) _____

Other: _____ Inventory on 12/31 (at cost) _____

OTHER CONSIDERATIONS:

Vehicle Use?- worksheet required Home Office- Room size: _____ Home size: _____

Notes: _____

