

**You may provide a complete Profit & Loss, Balance Sheet with Prior Year Comparison, and Complete General Ledger in lieu of completing sections 2 & 5**

## 1. Business Information

### Business Details

Owner Name

Phone Number

Email Address

Business Name

Business Address

Business EIN

Type of Business:

 C-Corp       S-Corp       Partnership

What does the business do?

% of Ownership

**For S-Corps and Partnerships you must provide the Operating/Partnership agreement. S-Corps must also provide the IRS acceptance letter (CP261).**

## 2. Income & CoGS

### A. Income

Sales or Receipts

Other Income

Returns (Reduces Income)

### B. Cost of Goods Sold

Beginning Inventory

Ending Inventory

Purchases

Direct Labor\*

Material &amp; Supplies\*

*\*Do not enter amounts in both Cost of Goods Sold and Section 4 (Expenses)*

## 3. Depreciable Assets

On a separate sheet, please provide a list of all business assets.

Please include:

- **Assets acquired during this tax year.**  
*Indicate date acquired, amount paid, and any trade-in.*
- **Assets disposed of in this tax year.**  
*Indicate any gain or loss on the asset sale, or if asset was "junked."*
- **Prior Depreciation.**  
*For new clients, please provide the depreciation report from your last year's tax return, including detailed asset list and asset life history.*

## 2025 C-Corp/S-Corp/Partnership

Please complete this form to report business income and expenses. Additional forms can be printed from our website at: [www.churchwelltax.com/resources](http://www.churchwelltax.com/resources)

## 4. Digital Return & E-File Authorizations

Do you want your return copy to be provided digitally?  Yes  No

Do you want to sign the E-file Authorization forms digitally?  Yes  No

Digital services are provided through our online tax portal. If you are not already enrolled, our office will send you a login notification email.

## 5. Expenses

### A. Expenses

Advertising

Auto      ----- Complete section 6 -----

Commissions &amp; Fees

Contract Labor

Employee Health Ins.

Self Employed Health Ins.

Insurance (Not Health)

Interest (Non-mortgage)

Accountant &amp; Legal

Training &amp; Seminars

Outside Services

Dues &amp; Publications

Office Supplies &amp; Expenses

Postage &amp; Shipping

Equipment Rent/Lease

Property Rent/Lease

Repairs &amp; Maint.

Supplies

Taxes &amp; License

Meals

Entertainment

Airfare, Train, Etc.

Lodging

Auto Rental, Bus, Taxi, Etc.

Out of Town Laundry

Utilities

Employee Wages

Other (Specify):

## 6. Vehicle Expense

### Corporate Auto & Truck Expenses

Vehicle Lease

Fuel

Repairs & Maintenance

License & Fees

Insurance

Other (Specify):

## Notes

## 7. Business Estimated Taxes Paid

Payment Due	Date Paid	Federal	State
Applied from last year's tax refund ----			
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

## 8. Additional Requirements

Please provide copies of the following documents if applicable:

- Balance Sheet for tax year
- Profit & Loss for tax year
- Forms 1099 issued
- Forms W-2 issued
- Payroll Forms 941 for each of the four quarters of the tax year
- Forms 1099 received
- Any notices received from Tax Agencies for the tax year

Please attach an additional sheet with any Questions, Comments, or Notes.

## 9. Signature

We will complete your return based on the information provided. We will not be able to complete returns where we have reasonable suspicion that the information provided is intentionally incomplete or inaccurate.

If you are having problems providing accurate financial statements, bookkeeping services are available for an additional fee.

**To the best of my knowledge, all of the information contained within this document is true, correct, and complete.**

Representative:

Title:

Date: