

**You may provide a complete Profit & Loss, Balance Sheet with Prior Year Comparison,
and Complete General Ledger in lieu of completing sections 2 & 4**

1. Business Information

Business Details	
Owner Name	
Phone Number	
Email Address	
Business Name	
Business Address	
Business EIN	
Type of Business:	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Single Member LLC
What does the business do?	

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 & Supplies*	
<i>*Do not enter amounts in both Cost of Goods Sold and Section 4 (Expenses)</i>	

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.

4. Expenses

A. Expenses
Advertising
Auto ----- Complete section 6 -----
Commissions & Fees
Contract Labor
Employee Health Ins.
Self Employed Health Ins.
Insurance (Not Health)
Interest (Non-mortgage)
Accountant & Legal
Training & Seminars
Outside Services
Dues & Publications
Office Supplies & Expenses
Postage & Shipping
Equipment Rent/Lease
Property Rent/Lease
Repairs & Maint.
Supplies
Taxes & License
Meals
Entertainment
Airfare, Train, Etc.
Lodging
Auto Rental, Bus, Taxi, Etc.
Out of Town Laundry
Utilities
Employee Wages
Other (Specify):

5. Vehicle Expense

Vehicle 1

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year /

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? ☐ Yes ☐ No

Do you have written records to support use? ☐ Yes ☐ No

Was another vehicle available for personal use? ☐ Yes ☐ No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, License & Fees

Vehicle 2

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year /

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? ☐ Yes ☐ No

Do you have written records to support use? ☐ Yes ☐ No

Was another vehicle available for personal use? ☐ Yes ☐ No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, License & Fees

Vehicle 3

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year /

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? ☐ Yes ☐ No

Do you have written records to support use? ☐ Yes ☐ No

Was another vehicle available for personal use? ☐ Yes ☐ No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, License & Fees

6. Business Use of Home

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. Enter 100% of home taxes and mortgage interest under Itemized Deductions on the Tax Organizer for individuals, Sections 7B&C.

A. Area of Home

Total Square Footage of Home

Square Footage of Area used for Business

B. Home Office Expenses

\$ Amount	Expense applies to:	
Insurance	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Rent	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Repairs & Maint.	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Utilities	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only

7. 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.

8. 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: