

YEAR-END INCOME TAX DATA
--BUSINESS ONLY --

Tax Year: _____

Business Name _____

Phone No. _____ Email _____

Completion of all relevant data on this form is required prior to closing your business books, which will directly affect your income tax return. This form **MUST BE ACCURATE, SIGNED and RETURNED** to us **WITHIN FIFTEEN DAYS AFTER YOUR YEAR ENDING** _____ to ensure the proper and timely preparation of your income tax return.

PLEASE NOTE: WE WILL NOT BE ABLE TO CLOSE THE BOOKS OF YOUR BUSINESS OR COMPLETE YOUR INCOME TAX RETURN WITHOUT THIS SIGNED DATA SHEET.

If we may be of assistance to you when preparing this form, please do not hesitate to call on us.

Business Accounts Only

1.
 - a. Actual Cash on Hand (Do not include any cash in bank.) \$ _____
 - b. Savings Account Balance at Year End (Please send a copy of bank statement.) \$ _____
 - c. Money Market Fund Balance at Year End (Please send statement.) \$ _____
 - d. Officer – Life Insurance – Cash Surrender Value \$ _____
 - e. Investments Held in the Business Name (i.e.. Money Mkt. Funds, Certificates of Deposit, Treasury Bills, Commercial Paper, etc.) – Send Broker Statements. \$ _____
2. Do you feel that your expenditures for sales, travel and entertainment expenses are properly substantiated: i.e., Date, Name, Amount, Place, and Business Purpose? Yes No
3. INVENTORY OF MERCHANDISE HELD FOR RESALE (Do not include equipment or operating supplies to be used within your business.)
 - a. Inventory must be taken in a manner consistent with method used in previous years.
 - b. Inventory must be taken at year-end.

Inventory Valued at (Actual Cost) _____

Inventory Taken From Business for Personal Use (Actual Cost) _____

4. INSURANCE
 - a. Premiums paid by business for owner's life insurance
 - i. To whom paid _____
 - b. Premiums paid by business for owner's medical insurance
 - i. To whom paid _____
 - c. Premiums paid by business for owner's auto insurance
 - i. To whom paid _____

ACCOUNTS RECEIVABLE

(Before Bad Debts)

\$ _____

5. Less Uncollectible Customer Bad Debts to be charged off this year

| Name | How old is Amount Owing? | Amount |
|------|--------------------------|--------|
| | | |
| | | |
| | | |

(Attach additional list if necessary)

Less Total Bad Debts

\$ _____

Net Collectible Accounts Receivable Year End, After Bad Debts

(Your detail must agree with amount shown)

\$ _____

FIXED ASSET QUESTIONS

(Furniture, fixtures, equipment, vehicles, etc. If yes, please provide detailed information)

6.

- a. Were any fixed assets scrapped and/or stolen during the year? Yes No
- b. Were any fixed assets traded during the year? Yes No
- c. Did you purchase any fixed assets during the year with personal funds? Yes No
- d. Were any fixed assets sold during the year with the money not deposited into your checking account? Yes No
- e. Did you make any business expenditures during the year that were not reimbursed to you by the business? Yes No

If "YES" to any question, please describe:

NOTES, CONTRACTS, LOANS AND MORTGAGES PAYABLE

7.

| Owed to Whom? | For What? | Original Amount Borrowed | Total No. Payments | Payments Left | Monthly Payment Amount | Balance of Note as of Year End |
|---------------|-----------|--------------------------|--------------------|---------------|------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

(Attach additional list if necessary)

Are there any loans to you or from you, in the amount of \$10,000 or more, that are interest free? Yes No

If "YES," what was the date of the loan _____ and the amount of the loan \$ _____ ?

QUESTIONS REGARDING USE OF AUTOMOBILES

Do you have a company car on your books?

Yes No

IF "YES," THESE QUESTIONS MUST BE ANSWERED:

Information Regarding Use of Vehicles

| | | | | | | | | | | | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|--|
| Describe vehicle | | | | | | | | | | | |
| Total business miles driven during the year | | | | | | | | | | | |
| Total commuting miles driven during the year | | | | | | | | | | | |
| Total other personal miles (non-commuting) miles driven | | | | | | | | | | | |
| Total miles driven the year | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | |
| Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | |
| Is another vehicle available for personal use? | | | | | | | | | | | |

To Be Completed by Employers Who Provide Vehicles for Use by Employees: **Yes No**

| | | |
|---|--|--|
| Do you maintain a written policy statement, meeting the conditions described by IRS, which prohibits all personal use of vehicles, including commuting, by your employees? | | |
| Do you maintain a written policy statement, meeting the conditions described by IRS, which prohibits personal use of vehicles, except commuting, by your employees? If "YES," you must complete items 1 through 7: (a) only for those vehicles furnished to "disqualified persons" even if they are covered by the statement; and (b) for all vehicles not covered by the statement. | | |
| Do you provide more than five vehicles to your employees, or treat all use of vehicles by employees as personal use? | | |
| Do you have evidence, for all the listed property above, to support the business use percentage claimed? | | |
| Is the evidence written? | | |

CORPORATION USE ONLY

| Current Officers | Name | Address | % Stock Owned |
|------------------|------|---------|---------------|
| President | | | |
| Vice President | | | |
| Secretary | | | |
| Treasurer | | | |

DECLARATION: I HAVE REVIEWED THE INFORMATION GIVEN ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND IT IS READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE

Signature: _____

Date: _____