

Business Name _____
 Tax Year Ending _____



YEAR END INCOME TAX DATA FOR BUSINESS ONLY

Please complete this form and **return by January 20.**

The information required on this form is pertinent to the closing of your business books for the year and will have a direct bearing on your income tax return. Be sure that all information is accurate. It is imperative that we have this signed data sheet prior to completing your business income tax return.

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

PLEASE PROVIDE THE FOLLOWING AS OF THE LAST DAY OF YOUR TAX YEAR.

CASH/CHECKING/SAVINGS

Please include a photocopy of all statements if not already in our possession.

1. Business Bank Account(s) _____
2. Business Investment Account(s) _____
3. Petty Cash/Cash in Drawer - Balance, if any, at year end? _____

ACCOUNTS RECEIVABLE

1. Total invoices customers owe you that are unpaid at year end. _____
2. Less Uncollectible Customer Bad Debts to be Charged Off this year. _____

CUSTOMER NAME	DAYS OUTSTANDING?	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional list if necessary.) TOTAL BAD DEBT < _____ >
NET COLLECTABLE ACCOUNTS RECEIVABLE @ YEAR END _____

INVENTORY

1. Inventory - per physical count - held for Resale valued at your cost (or market if lower). _____
 (Note: Do not include equipment or operating supplies.)
2. Cost of Inventory taken for Personal Use. _____

FIXED ASSETS

1. Have you acquired any equipment, furniture, or vehicles this year? O Yes O No
 If yes, attach a copy of the original invoice(s) if not already submitted.
2. Have you disposed of any equipment, furniture, or vehicles this year? O Yes O No
3. Have you traded in any equipment, furniture, or vehicles for new assets? O Yes O No
 If yes to #2 or #3, please fill out the schedule below and attach any documentation not already submitted.

<u>Description of Old Asset</u>	<u>Date Org. Acquired?</u>	<u>Date of Disposition</u>	<u>Sales Price</u>	
_____	_____	_____	_____	O Dispose O Trade
_____	_____	_____	_____	O Dispose O Trade
_____	_____	_____	_____	O Dispose O Trade

(Attach additional list if necessary.)

NOTES RECEIVABLE/EMPLOYEE ADVANCES

1. Were advances extended to employees during the year?
 If yes, what is the balance at year end? _____
2. Have there ever been any loans from you to others during the year? O Yes O No

To Whom	For What	Original Loan Amount	% Rate	Y/E Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCOUNTS PAYABLE

1. Total invoices you owe vendors that are unpaid at year end.
(Attach schedule if not already submitted. Include Vendor name, account code or description, and amount.)

NOTES, CONTRACTS, LOANS, MORTGAGES PAYABLE

1. Have there ever been any loans from others (including banks) to you during the year?
From Whom For What Secured By Mo. Pmt. Amt. % Rate Y/E Balance

(Attach additional list if necessary.)

ADDITIONAL QUESTIONS

- 1. Was there a change in the share of ownership or officers during the year?
2. All meals & entertainment and cell phone costs expensed by the business are business related and deductible?
3. Are there additional expenses of the business that were paid by officers/owners that have not been reimbursed?
4. Does your business have a pension plan?

** PLEASE COMPLETE THE FOLLOWING ONLY IF NOT PREVIOUSLY SUBMITTED FOR THIS TAX YEAR. **

VEHICLES - Please provide the following information for all vehicles used in the business.

Table with columns for Company Vehicle #1, #2 and Personal Vehicle #1, #2. Rows include Description plus gross vehicle weight, Date put into business use, Odometer reading at end of year, Total Miles Driven during the year, Business Parking & Tolls, and availability for personal use.

LIFE INSURANCE

Are any life insurance premiums paid through the business?
If yes, are they included on your P & L?
If yes, who is the beneficiary? If business, what is the cash value at year end?
What is the premium paid? \$ per month. \$ for the year.

MEDICAL & DISABILITY INSURANCE PREMIUMS

Are any medical, long-term care or disability insurance premiums paid for officers and/or owners?
If yes, are all qualifying employees covered by the business plan? If yes, for each officer/owner, what is the premium paid?
Do you have a Health Savings Account? If yes, we will contact you for additional information.
Name Type of Insurance \$ /Month \$ /Year

I have reviewed the above information on this form and to the best of my knowledge it is true, correct, and complete.

Signature _____ Date Completed _____

ICK
P.C.