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**
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.

<table>
<thead>
<tr>
<th>CUSTOMER NAME</th>
<th>DAYS OUTSTANDING?</th>
<th>AMOUNT</th>
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(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.

<table>
<thead>
<tr>
<th>Description of Old Asset</th>
<th>Date Acquired</th>
<th>Date of Disposition</th>
<th>Sale Price</th>
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(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

<table>
<thead>
<tr>
<th>To Whom</th>
<th>For What</th>
<th>Original Loan Amount</th>
<th>% Rate</th>
<th>Y/E Balance</th>
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</table>
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? O Yes O No
   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? O Yes O No
   If yes, please explain change ____________________________________________
2. All meals & entertainment and cell phone costs expensed by the business are business related and deductible? O Yes O No
   You also have documentation on file to support their business purpose. (If no, attached a list of vendors and amounts of personal portion.)
3. Are there additional expenses of the business that were paid by officers/owners that have not been reimbursed? If yes, attach list.
4. Does your business have a pension plan? O Yes O No
   If yes, what type? O 401K O Keogh O SEP IRA O SIMPLE O Other ___________________
   If yes, are all qualified employees covered by the plan? (Attach list of names.) O Yes O No
   If yes, do you plan contributions this year? Amount, if known, for employees ____________, for yourself ____________.

** 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>
<thead>
<tr>
<th>Company Vehicle</th>
<th>Personal Vehicle</th>
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<tbody>
<tr>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Description</td>
<td></td>
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<tr>
<td>Date put into business use</td>
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<td>Odometer reading at end of year</td>
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<td>Total Miles Driven during the year</td>
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<tr>
<td>- Total Business Miles</td>
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<td>- Total Commuting Miles</td>
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<tr>
<td>Business Parking &amp; Tolls</td>
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<tr>
<td>The vehicle was used by whom?</td>
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<tr>
<td>Was the vehicle available for personal use? O Yes O No</td>
<td>O Yes O No</td>
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<tr>
<td>Do you have evidence to support the business miles claimed? O Yes O No</td>
<td>O Yes O No</td>
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<td>Is the evidence in writing? O Yes O No</td>
<td>O Yes O No</td>
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<tr>
<td>Do you have a written policy that prohibits personal use of vehicles other than for commuting? If these questions are answered no, the deduction may be disallowed. O Yes O No</td>
<td>O Yes O No</td>
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LIFE INSURANCE
Are any life insurance premiums paid through the business? O Yes O No
If yes, are they included on your P & L? O Yes O No
If yes, who is the beneficiary? _______________ If business, what is the cash value at year end? _______________
What is the premium paid? $______________ per month. $______________/year for the year.

MEDICAL & DISABILITY INSURANCE PREMIUMS
Are any medical, long-term care or disability insurance premiums paid for officers and/or owners? O Yes O No
If yes, are all qualifying employees covered by the business plan? O Yes O No
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Insurance</th>
<th>$ ____________/Month</th>
<th>$ ____________/Year</th>
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I have reviewed the above information on this form and to the best of my knowledge it is true, correct, and complete.