

Business Name \_\_\_\_\_

**Michael G. Kissell, LTD.**  
7100 Northland Circle, Ste 401  
Minneapolis, MN 55428

Tax Year Ending \_\_\_\_\_ 2013 \_\_\_\_\_

Tel:(763) 533-0340

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## YEAR END INCOME TAX DATA FOR BUSINESS ONLY

Please complete this form and return it to us by \_\_\_\_\_ January 15, 2014 \_\_\_\_\_

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 any assistance to you when preparing this form, please contact us at (763) 533-0340.

Please indicate the format of your file copy of tax return you prefer to receive from us. \_\_\_\_\_ Printed Copy  
\_\_\_\_\_ PDF

**Email Address:** \_\_\_\_\_

### COMMENTS OR QUESTIONS

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### DECLARATION

**I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND ACCURATE. I HAVE MAINTAINED THE UNDERLYING RECORDS REQUIRED BY LAW TO SUPPORT THIS INFORMATION AND IT IS READY FOR PREPARATION OF MY BUSINESS TAX RETURN. I AUTHORIZE MICHAEL G. KISSELL, LTD. TO PREPARE MY BUSINESS RETURN AND RETAIN COPIES OF APPROPRIATE DOCUMENTS.**

**NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE AND DATE**



**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FOR ALL ITEMS BELOW, PLEASE INDICATE THE BALANCES  
AS OF THE LAST DAY OF YOUR YEAR**

1. **ACTUAL CASH ON HAND OR PETTY CASH FUND AT YEAREND** \$ \_\_\_\_\_
2. **BUSINESS INVESTMENT ACCOUNT BALANCE** (i.e., savings account, money market fund, etc. Please include a photocopy of all statements) \$ \_\_\_\_\_
3. **INVENTORY OF ITEMS HELD FOR RESALE** (Do not include equipment or operating supplies to be used within your business.)  
 (a) Inventory should be counted in a manner consistent with method used in previous years.  
 (b) Inventory must be taken at fiscal year end.  
**INVENTORY MUST BE VALUED AT COST** \$ \_\_\_\_\_
- COST OF INVENTORY TAKEN FROM BUSINESS FOR PERSONAL USE:** \$ \_\_\_\_\_
4. **ARE YOUR EXPENDITURES FOR SALES, TRAVEL AND ENTERTAINMENT EXPENSES PROPERLY SUBSTANTIATED**, i.e., date, name, amount, place, business purpose?  Yes  No
5. **PRINCIPAL BALANCES OF NOTES, CONTRACTS, LOANS, MORTGAGES, SALES TAXES, & PAYROLL TAXES PAYABLE** (from loan statements or telephone call to lender)

Chart of Account Code	TO WHOM OWED	FOR WHAT	Amount of Monthly Payments	Principal Balance of Note at Yearend

6. Do you have any outstanding employee advances at yearend (money you will take out of future paychecks)?  
 Yes  No
7. Are all employee allowances, advances, or reimbursements being substantiated and made for business expenses, accounted for in a reasonable period, and amounts returned to the employer when not substantiated?  
 Yes  No
8. Was there any change in the shares of ownership during the year? Yes  No  If yes, please explain.  
 a. Did any shareholders change their address? Yes  No
9. Are there any additional expenses of the business that were paid by officers/owners that have not been reimbursed? This could be items paid by personal check, credit cards, etc that you have not told us about before.  
 Yes  No If yes, attach list.
10. Did your business make any estimated tax payments?  Yes  No

Date paid	Amount paid Federal	Amount paid State	Amount paid City/Local

11. Does your business have a pension plan?  Yes  No  
 If yes, what type?  401K  Keogh  SEP IRA  SIMPLE  Other \_\_\_\_\_  
 If yes, are all qualified employees covered by the plan?  Yes  No If yes, do you plan contributions this year? Amt, if known, for employees \_\_\_\_\_ for yourself \_\_\_\_\_



**Complete only if not previously submitted for this tax year.**

**A. IF YOU HAVE A COMPANY OWNED OR LEASED VEHICLE ON YOUR BOOKS\***

	Vehicle #1	Vehicle #2	Vehicle #3	Business Use of Personal Vehicle
Description plus gross vehicle weight				
Date put into business use (If leased, attach lease agreement)				
Cost or other Basis If leased, value when first leased				
Life of Lease				
<b>Odometer reading</b> at end of year:				
<b>Total miles driven</b> during the year:				
... Total <b>business</b> miles				
... Total <b>commuting</b> miles				
<b>Actual expenses</b> (gas, oil, repairs, lease expense)				
<b>Interest</b>				
<b>Personal property tax</b>				
If there are personal or commuting miles, how was this fringe benefit treated?				
<b>Business parking and tolls</b>				
Was the vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the vehicle used primarily by a more than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the business miles claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\* Do not report with personal information.**

Identify any vehicle that is electric or uses clean burning fuel \_\_\_\_\_.

**Officer and/or Owner**

**B.** Are any life insurance premiums paid through your business?  Yes  No  
If yes, are they included in your P&L?  Yes  No If yes, who is beneficiary of policy?

What is the premium paid? \$ \_\_\_\_\_/month \$ \_\_\_\_\_ for the year.  
If business is beneficiary, what is cash value at year end? \$ \_\_\_\_\_.

**C.** Are any medical, long-term care or disability insurance premiums paid for officers and/or owners?  Yes  No  
If yes, are they included in your P&L?  Yes  No  
If yes, are all qualifying employees covered by the business plan?  Yes  No  
If yes, for each officer/owner, what is the premium paid?

Name	Type of Ins.	\$ _____ Month	\$ _____ Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business is an S Corp, are the premiums included in shareholder wages?  Yes  No  
If No, how were they treated? \_\_\_\_\_

**D.** Are there any qualified medical or health savings accounts (MSA/HSA)?  Yes  No  
If yes, how much was paid for whom?

Name	Employer contribution	Employee contribution
_____	_____	_____
_____	_____	_____

**E.** Do you have business income from 'Qualified Production Activities' relating to manufacturing, producing, growing, extracting, installing, developing, substantially improving or creating property?  Yes  No