

## **Business Information Sheet**

Name of Business						
Advertising & Promotion	\$	Administrative Expense	\$			
Client Gifts	\$	Contractor Expense	\$			
Employee Gifts	\$	Salaries/Gross Wages	Provide PR docs			
Business Donations	\$	Employer Payroll Taxes Paid	\$			
Networking Expense	\$	Employee Benefits Paid	\$			
Meals (for staff)	\$	Employer Cont. to Retirement	\$			
Meals (for business meetings)	\$	Books/Magazines/Publications	\$			
Meals (while traveling)	\$	Education/Training Expense	\$			
Commissions Paid	\$	Seminars/Workshop Expense	\$			
Office Rent	\$	Dues	\$			
Office Supplies	\$	Subscriptions	\$			
Equipment Rental	\$	Licenses	\$			
Tools	\$	Permits	\$			
Supplies/Materials	\$	Legal & Professional Fees	\$			
Repairs & Maintenance	\$	Tax Services	\$			
Cleaning	\$	Liability Insurance	\$			
Postage	\$	Workers Comp Insurance	\$			
Post Office Box	\$	Loan Interest Paid	\$			
Telephone Expense	\$	Credit Card Interest Paid	\$			
Internet Expense	\$	Credit Card Usage Fees	\$			
Website Expense	\$	Bank Service Charges	\$			
Technology Expense	\$	Travel: Lodging	\$			
Printing/Copying	\$	Travel: Transportation	\$			
Letterhead/Business Cards	\$					
Utilities (not home office)	\$	Beginning Inventory	\$			
Health Ins. (Out of Pocket)	\$	Ending Inventory	\$			
	\$					
Business Revenue Receive	d: \$					
1. Did you purchase or so	1. Did you purchase or sell real estate this year? (If yes, please provide us with the HUD)					
2. Have you moved in the						
If so, what is your curr						
3. Did you make any pay	ments that required y	you to file a 1099 NEC Form to anyor	ne else?			
If so, were they filed?	• •	rovide copies of issued forms.)				

## Federal Quarterly Tax Payments

## **State Quarterly Tax Payments**

	Date	Amount		Date	Amount	
Payment 1		\$	Paymen	t 1	\$	
Payment 2		\$	Paymen	t 2	\$	
Payment 3		\$	Paymen			
•			•			
Payment 4		\$	Paymen	t 4	\$	
Office Furni	ture, Equipmen	nt, Improvements, Vel	nicle Purchases: (Pui	chases that exc	eed \$2,500)	
Item		Purcl	Purchase Date		Purchase Price	
			<del></del>	\$	····	
				\$		
			<del></del>	\$		
Vehicle						
Make		Model		Year		
	ce \$					
Total Miles _						
		proughout the year to tra				
Parking	\$	Maintenance	\$	Excise Tax	\$	
Tolls*	\$		\$	Inspection	\$	
Gas	\$		\$	Lease Payments		
Oil Changes			\$	Auto Club	\$	
Repairs	\$		\$			
Home Office	e: (A portion of	your home that is use	ed solely for busines			
	SqFt of Home	ft2	Labor (not your ow	,		
Total	SqFt of Office	ft2	Insurance	\$		
	_ "		Garbage Removal	\$		
	-	efit only home office)	• /	\$		
•	rs & Painting	\$	Landscaping	\$		
Insura		\$	Snow Service			
Other	·	\$	Condo Fee	\$		
w 4.		C	Security System	\$		
	= =	enefit entire home)	Rent	\$		
	Electricity	\$	Mortgage Interest			
	· & Sewage	\$	Mortgage Insuranc			
Repai		\$	Real Estate Taxes			
Suppl		\$	Other			
Painti	ng	<b>&gt;</b>	Other	\$		

Name of Bank:	Checking	Savings
Routing Number:	Account Number:	
How do you prefer to receive possible refunds: How do you prefer to make tax payments that may be	Direct Deposit Check due: Direct Debit	Check
Notes for Accountant:		

**Bank Information**: