

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Website: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal ID #: \_\_\_\_-\_\_\_\_

Type of Entity (LLC, Scorp, Sole Prop.)?: \_\_\_\_\_



**Small Business Tax Worksheet**

Round to nearest \$

Income

Gross receipts from sales or services \_\_\_\_\_

Sales records (for accrual based taxpayers) \_\_\_\_\_

Returns and allowances \_\_\_\_\_

Business checking/savings account interest (1099-INT or statement) \_\_\_\_\_

Other income \_\_\_\_\_

**Cost of Goods Sold (if applicable)**

Inventory:

Beginning inventory total dollar amount \_\_\_\_\_

Inventory purchases \_\_\_\_\_

Ending inventory total dollar amount \_\_\_\_\_

Items removed for personal purposes \_\_\_\_\_

Materials & Supplies \_\_\_\_\_

Expenses

Advertising \_\_\_\_\_

Phones (landline, fax or cell phones related to business) \_\_\_\_\_

Computer & internet expenses \_\_\_\_\_

Transportation and travel expenses \_\_\_\_\_

Local transportation \_\_\_\_\_

Business trip (mileage) log (please attach mileage log) \_\_\_\_\_

Contemporaneous log or receipts for public transportation, parking, and tolls \_\_\_\_\_

Travel away from home \_\_\_\_\_

Airfare or mileage/actual expense if drove \_\_\_\_\_

Hotel \_\_\_\_\_

Meals, tips \_\_\_\_\_

Taxi, tips \_\_\_\_\_

Internet connection (hotel, Internet café etc.) \_\_\_\_\_

Other \_\_\_\_\_

Commissions paid to subcontractors (File Form 1099-MISC and 1096 as necessary) \_\_\_\_\_

Depreciation (we will calculate depreciation based on prior year return) \_\_\_\_\_

Cost and first date of business use of assets \_\_\_\_\_

Records relating to personal use of assets \_\_\_\_\_

Sales price and disposition date of any assets sold \_\_\_\_\_

Business insurance \_\_\_\_\_

Casualty loss insurance \_\_\_\_\_

Errors and omissions insurance \_\_\_\_\_

Other expenses \_\_\_\_\_

Interest expense \_\_\_\_\_

Mortgage interest on building owned by business \_\_\_\_\_

Business loan interest \_\_\_\_\_

Investment expense and interest \_\_\_\_\_

Professional fees \_\_\_\_\_

Lawyers, accountants, and consultants \_\_\_\_\_

Office supplies \_\_\_\_\_

Pens, paper, staples, and other consumables \_\_\_\_\_

Rent expense \_\_\_\_\_

    Office space rent \_\_\_\_\_

    Business-use vehicle lease expense \_\_\_\_\_

    Other \_\_\_\_\_

Office-in-home \_\_\_\_\_

    Square footage of office space \_\_\_\_\_

    Total square footage of home \_\_\_\_\_

    Hours of use, if operating an in home daycare \_\_\_\_\_

    Mortgage interest or rent paid \_\_\_\_\_

    Homeowner's or renters' insurance \_\_\_\_\_

    Utilities \_\_\_\_\_

    Cost of home, separate improvements and first date of business use \_\_\_\_\_

Wages paid to employees \_\_\_\_\_

    Form W-2 and W-3 \_\_\_\_\_

    Federal and state payroll returns (Form 940, Form 941, etc.) \_\_\_\_\_

    Employee benefit expenses \_\_\_\_\_

Contractors \_\_\_\_\_

    Form 1099-MISc \_\_\_\_\_

    Form 1096 \_\_\_\_\_

    Other expenses \_\_\_\_\_

Repairs, maintenance of office facility, etc \_\_\_\_\_

Other business related expenses \_\_\_\_\_

Health insurance \_\_\_\_\_

    Premiums paid to cover the sole-proprietor and family \_\_\_\_\_

    Premiums paid on behalf of partners and S corporation shareholders \_\_\_\_\_

Information on spouse's employer provided insurance \_\_\_\_\_

**Estimated Taxes Paid:**

Estimated tax payment #1: Date made: \_\_\_\_\_

Estimated tax payment #2: Date made: \_\_\_\_\_

Estimated tax payment #3: Date made: \_\_\_\_\_

Estimated tax payment #4: Date made: \_\_\_\_\_

*Please fill out the above information as best as possible and provide a copy of prior year return upon meeting / interview.*