

Income Tax Checklist For Businesses



Note: This list is not exhaustive. Any additional information not on this list, please provide.

Business Name and EIN #: _____

Address: _____ Phone: _____

Check When Completed

Sales / Accounts	<input type="checkbox"/>	Gross Sales	<input type="checkbox"/>	Inventory- Beginning Balance
	<input type="checkbox"/>	Interest on loans/bank accounts	<input type="checkbox"/>	Returns
	<input type="checkbox"/>	Statements of ending balances for all loans and bank accounts	<input type="checkbox"/>	Purchases
	<input type="checkbox"/>		<input type="checkbox"/>	Damaged Merchandise
	<input type="checkbox"/>		<input type="checkbox"/>	Expired Items
			<input type="checkbox"/>	Ending Balance
Reports, Docs, & Statements	<input type="checkbox"/>	Bank Statements		
	<input type="checkbox"/>	Credit card statements		
	<input type="checkbox"/>	Documentation for purchases of new assets		
	<input type="checkbox"/>	Loan papers for any new loans		
	<input type="checkbox"/>	Payroll reports		
New Client	<input type="checkbox"/>	Please provide last 2 year's tax return		
	<input type="checkbox"/>	Provide Personal Property Tax Return from _____		
Home Office	<input type="checkbox"/>	Homeowners Dues		
	<input type="checkbox"/>	Insurance		
	<input type="checkbox"/>	Repairs/Maintenance Costs		
	<input type="checkbox"/>	Size of office (sq. footage)		
	<input type="checkbox"/>	Total sq. footage of home:		
	<input type="checkbox"/>	Utility Bills		
Expenses Related to Business:	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	Pension & Profit Sharing
	<input type="checkbox"/>	Car/Truck Expenses	<input type="checkbox"/>	Postage
	<input type="checkbox"/>	Commissions & Fees	<input type="checkbox"/>	Receipts/Sales
	<input type="checkbox"/>	Employee Benefits	<input type="checkbox"/>	Rent or Lease
	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Repairs & Maintenance
	<input type="checkbox"/>	Interest	<input type="checkbox"/>	Taxes & Licenses
	<input type="checkbox"/>	Internet Service	<input type="checkbox"/>	Telephone
	<input type="checkbox"/>	Legal & Professional	<input type="checkbox"/>	Travel & Meals
	<input type="checkbox"/>	Mileage	<input type="checkbox"/>	Utilities
	<input type="checkbox"/>	Office Expense	<input type="checkbox"/>	Wages