

## Business Tax Data Sheet (Use also for Employee Business Expenses)

<b>Business Name:</b>		<b>Name(s) of Owner(s)</b>	<b>Ownership % or Shares</b>
<b>Address:</b>			
<b>Tax ID Number:</b>			
<b>Type of Business:</b>			
<b>Products or Services:</b>			
<b>Business Entity:</b>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
<b>Date Business Formed (mo/day/yr):</b>	/ /	<b>Number of Months in Business This Yr.</b>	

1. Accounting system Used:         Cash         Accrual         Other (explain) \_\_\_\_\_
4. Did you buy or sell any business assets during the year?         Yes         No (If yes, list details on asset sheet.)
5. Did you hire any new employees who may qualify for job credits?         Yes         No
- Business Owners: Include copies of your Profit and Loss Statement, and Balance Sheets for year end and prior year.**

INCOME	COST OF GOODS SOLD (If applicable)
Gross Receipts or Sales	Inventory at Beginning of Year
Returns & Allowances	Purchases
Income Reported on Form 1099*	Cost of Labor (related to inventory)
Commissions*	Materials and Supplies
Other (Enclose detail)	Other Inventory Costs
<small>*Do not list 1099's or commissions separately if included in gross receipts.</small>	Inventory Withdrawn for Personal Use
	Inventory at End of Year
Cash Bank Balance at Start of Year	Cash Bank Balance at End of Year
EXPENSES	
Advertising	Wages (not reported above)
Bad Debts (only if reported as income)	<b>Payroll Taxes</b>
Bank Charges	Social Security & Medicare
Commissions & Fees Paid	Unemployment (Fed & State)
Dues and Publications	<b>Other Taxes</b>
Employee Benefit Programs	Real Estate
Postage & Shipping	Personal Property
Insurance	Other
Mortgage Interest	<b>Automobile Expenses</b> (written records required)
Other Business Interest	Total Miles Driven This Year
Laundry & Cleaning	Business Miles Jan 1 thru Aug 31
Legal & Professional Fees	Business Miles Sep 1 thru Dec 31
License Fees (business & professional)	Parking and Tolls
Office Supplies	Gas, Oil, Maintenance, Washing
Pension/Profit-Sharing (Employees)	Other
Rent & Lease (vehicles, equipment)	<b>Travel (Out of Town)</b>
Rent & Lease (real estate)	Transportation
Repairs & Maintenance	Lodging
Supplies (other than office)	Cabs, Rental Cars, Buses
Telephone	Other
Personal Health Ins. (sole proprietor)	<b>Meals &amp; Entertainment</b> (list 100% of expenses)
Business Gifts	Meals & Tips
Other	Entertainment Expenses
	Tickets & Events

**Business Income & Expense Worksheet For Tax Year \_\_\_\_\_**

Completion of the form will assist the tax preparer in the completion of your tax return. We prepare the return from this information you provided without verification. Upon examination of your return by the taxing authorities (example: IRS, State of Michigan), a request may be made for you to show proof of underlying data such as business accounts, client lists, and receipts for expenses. We therefore recommend that you preserve all records related to this business which may be called to produce in the event of an examination of your tax return. The signatures on this form indicate an understanding of your responsibility to maintain & produce such records. You have also been advised to obtain a taxpayer ID #, if I don't have one, before filing next year.

**Owners Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_ **EIN#:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Main Business Activity: \_\_\_\_\_ PI Number of Years in Service: \_\_\_\_\_  
 Do you operate the business out of your home? \_\_\_\_\_ Does the business have an inventory? \_\_\_\_\_  
 Inventory at beginning of year: \_\_\_\_\_ Inventory at end of year: \_\_\_\_\_

**Business Income**

Income (Cash, Check, Credit)... \$ \_\_\_\_\_ Sales Tax Collected ..... \$ \_\_\_\_\_  
 Income From 1099's ..... \$ \_\_\_\_\_ Is Sales Tax Included in Gross Sales: \_\_\_\_\_

**Business Expenses**

Advertising/Bus Cards/Promo	\$ _____	Bank Charges/Overdrafts	..... \$ _____
Dues/Magazines/Pubs	..... \$ _____	Education/Seminars	..... \$ _____
Insurance (NOT Auto)	..... \$ _____	Interest (Business Loans)	..... \$ _____
Maintenance/Repairs	..... \$ _____	Legal/Accounting Fees	..... \$ _____
Office Supplies	..... \$ _____	Telephone	..... \$ _____
Office Rent	..... \$ _____	Uniforms: Cost & Cleaning	..... \$ _____
Small Tools	..... \$ _____	Utilities	..... \$ _____
****Business Supplies	..... \$ _____	Cell Phone	..... \$ _____
.....	..... \$ _____	Travel/Hotel	..... \$ _____

\*\*\*\* Such as Hair Products, Small Tools, Nail Products, Cleaning Supplies, Lumber, Nails (Things you need to perform the job)

**Major Purchases, Equipment .....Also See "Office In Home Worksheet"**

Item Purchased	New or Used	Date Purchased	Cost (Including Sales Tax)
			\$ _____
			\$ _____

**Does Your Business require the use of a vehicle to conduct business? YES NO** If yes, complete the following

Year and Make: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 Odometer Reading: "END" of Year \_\_\_\_\_ "BEGINNING" of Year: \_\_\_\_\_  
 Total Miles Driven: \_\_\_\_\_  
 Business Miles: \_\_\_\_\_ Personal Miles: \_\_\_\_\_ Commuting Miles: \_\_\_\_\_

**Vehicle Expenses:**

Parking & Tolls	..... \$ _____	Tires, Batteries & Supplies	..... \$ _____
Interest Paid on Vehicle	..... \$ _____	License Plates / Sales Tax	..... \$ _____
Gas, Oil, Lubes	..... \$ _____	Repairs, Washing	..... \$ _____
Insurance	..... \$ _____	.....	..... \$ _____
.....	..... \$ _____	.....	..... \$ _____

Do you have another vehicle which is available for personal use? YES NO

The signature on this form indicates that all information recorded on this form is based on actual data (that you have supporting documents to verify the amounts recorded), and will retain these documents to be able to produce them, if required by the Taxing Authority.

X \_\_\_\_\_  
 Taxpayer

X \_\_\_\_\_  
 Spouse

X \_\_\_\_\_  
 Date