

BUSINESS TAX CHECKLIST

GENERAL BUSINESS INFORMATION

Name of Business: _____ Contact: _____

Phone Number: _____ Email: _____

EIN: _____ SOS Number: _____

INCOME & EXPENSES

Income

Ordinary: _____

Interest on Accounts: _____

Miscellaneous Income: _____

Cost of Goods Sold

Products Purchased: _____

Materials & Supplies: _____

ENDING INVENTORY: _____

Balances

Ending Bank Balance: _____

Ending Loan Balance: _____

Other Taxes

Occupancy: _____

State Franchise: _____

Business: _____

Expenses

Accounting: _____

Advertising: _____

Auto & Truck Expenses:

Fuel: _____

Repairs: _____

Insurance: _____

Licensing: _____

Miles: _____

Other: _____

Bank Charges: _____

Cell Phone: _____

Commissions: _____

Computer: _____

Consulting: _____

Credit/Collection Cost: _____

Delivery: _____

Discounts: _____

Dues/Subscriptions: _____

Education/Training: _____

Entertainment: _____

Equipment Rent/Lease: _____

Equipment Fuel: _____

Freight: _____

Gifts: _____

Independent Contractor: _____

Insurance (Other than Health):

General: _____

Building/Equipment: _____

Liability: _____

Workers' Comp: _____

Other: _____

Interest Expense:

Mortgage: _____

Loans: _____

Other: _____

Internet: _____

Janitorial: _____

Laundry & Cleaning: _____

Legal & Professional: _____

Marketing: _____

Meals:

50%: _____

80%: _____

100%: _____

Meetings: _____
Office Expense: _____
Outside Services/Subcontractors (attach
1099's if already prepared): _____
Payroll: _____
 Shareholder Wages: _____
 Non-Shareholder Wages: _____
 Payroll Taxes: _____
Permits/Fees: _____
Postage/Shipping: _____
Printing: _____
Rents:
 Building: _____
 Equipment: _____
Repairs & Maintenance:
 Building: _____
 Equipment: _____
Security: _____
Software: _____
Small Tools: _____
Supplies: _____
Taxes and Licenses: _____
Travel: _____
Uniforms: _____
Utilities: _____
Waste Removal: _____

Equipment Purchases

Equipment: _____
Purchase Date: _____
Total Purchase Price: _____
Equipment: _____
Purchase Date: _____
Total Purchase Price: _____
Equipment: _____
Purchase Date: _____
Total Purchase Price: _____

Equipment Sales

Equipment: _____
Sale Date: _____
Total Sale Price: _____
Equipment: _____
Sale Date: _____
Total Sale Price: _____
Equipment: _____
Sale Date: _____
Total Sale Price: _____

Equipment Traded in on Previous Lines

Equipment: _____
Trade in Date: _____
Trade in Amount: _____
Equipment: _____
Trade in Date: _____
Trade in Amount: _____

Owners/Partners/Shareholders

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Ownership %

% Owned: _____
% Owned: _____
% Owned: _____
% Owned: _____
% Owned: _____