

**WALTON'S TAX & ACCOUNTING SRVC**

**706-524-7898**

**Check if applicable:**     Sole Proprietorships     Limited Liability Co. (LLC- Sole)    **Accounting Method:**     Cash     Accrual

This is an agreement between Walton's Tax & Accounting Services and "You", being owner or authorized person that all information provided about your business is accurate and true. Please furnish, for the \_\_\_\_\_ tax year financial statement(s), schedule of source(s), or document(s) with amounts of income and nature and amounts of expenses. When declaring income and expenses on a tax return, evidence should be submitted for verification. If you have evidence, write **ATTACHED** across the form below. Keep all records for at least 4years. If you do not have documentation with you at the time of the tax preparation, you must fill out the form below

*Please note: If you are audited by the IRS or State Department, you must be able to submit documentation that substantiate your filing.*

**Gross Receipts:** \_\_\_\_\_                      **Type of business:** \_\_\_\_\_                      **EIN (Fed ID#)** \_\_\_\_\_

**Business Name/DBA** \_\_\_\_\_                      **State Withholding#** \_\_\_\_\_

**Address** \_\_\_\_\_                      **City** \_\_\_\_\_                      **State** \_\_\_\_\_                      **Zip** \_\_\_\_\_                      **State** \_\_\_\_\_

**Sales Tax#** \_\_\_\_\_

**Income & Expenses:**

Item	Total	Expenses	Cost	Goods Sold	Cost
Receipts from Sales/Services		Rent or Lease (Vehicle, Equipment, Building)		Beginning Inventory	
Cash/Check		<b>Vehicle Expenses</b> Total Miles		Purchases for Inventory	
Trade of Services/Other		Business Miles		Items used personally	
Returns/Allowances		Office Utilities		End of Year Inventory	
<b>Total Income</b>		Office Expenses		<b>Expenses cont.</b>	
<b>Expenses</b>	<b>Cost</b>	Licenses		Wages	
Advertising		Legal and Professional Services		Education/Seminars	
Interest (Bank, Loan Mortgage, etc)		Travel		Estimated Tax Payments	1 <sup>st</sup> Qtr.    2 <sup>nd</sup> Qtr. 3 <sup>rd</sup> Qtr.    4 <sup>th</sup> Qtr.
Commissions and Fees		Meals and Entertainment		Client gifts	
Contract Labor (1099 or misc.)		Supplies (other than for office)		<b>Misc Expenses:</b>	
Insurance (other than health)		Repairs and maintenance (Vehicle, Equipment, Building)			
Health Insurance		Taxes (Payroll, other)			
				<b>Grand Total Expenses</b>	

***Your signature on this form verify to tax preparer that this is your business or you are authorized with this business to give information on their behalf and you are entitled to file taxes as a business owner or authorized person.***

\_\_\_\_\_  
Business Owner/Authorized Person Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date