

17520 W. 12 Mile Rd. Ste 208

Southfield, MI 48076

Phone: 313-595-3060

Email: Regina@rwbookkeepingsvs.net

**YEAR-END BUSINESS CHECKLIST: CORPORATIONS, S CORPORATIONS, PARTNERSHIPS, LIMITED LIABILITY CORPORATIONS AND SELF-EMPLOYED INDIVIDUALS**

**The following is a checklist of information that would assist us in preparing your income tax returns. With this information, we can prepare your tax returns in a more efficient and timely manner.**

* **General ledger trial balance or profit and loss and balance sheet for period January 1, through December 31.**
* **General Ledger detail for fixed assets from January 1 through December 31. This report should list the asset purchases for the business. We obtain this information to complete the depreciation and amortization for the period. In addition we use this report to determine any sale of assets, disposition of asset or casualty loss. If the report indicates a purchase, sale, or disposition, the information we require is a copy of the purchase agreement, bill of sale, and/or date of disposition.**

**Many of you provide diskettes or cd’s which we can accommodate. We are currently running QuickBooks and Peachtree Complete Accounting. If you do not have your records recorded manually or via computer, you will need to provide the following information:**

ESTIMATED PAYMENTS MADE:

* **Federal and state payments. Please list amounts and dates.**

## PAYROLL – W2 & 1099

* **SOCIAL SECURITY NUMBER**
* **FULL NAME**
* **CURRENT ADDRESS**
* **AMOUNT PAID OVER $600 (1099)**
* **FEDERAL ID NUMBER (IF APPLICABLE)**
* **QUARTERLY REPORTS (941) & (W2)**

**CORPORATE INFORMATION/SCHEDULE C**

**INCOME**

# GROSS RECEIPTS

* + **RETURNS & ALLOWANCES**
  + **CREDIT CARD CHARGES**
  + **OTHER INCOME SPECIFY**
    - **DIVIDENDS**
    - **INTEREST**

## COST OF SALES

* + **PURCHASES**
  + **COPY OF PHYSICAL INVENTORY**
  + **OPERATIONAL SALARIES**
  + **CONTRACT LABOR**
  + **VEHICLE EXPENSES**
  + **EQUIPMENT RENTAL**
  + **MAINTENANCE & REPAIRS EQUIPMENT**
  + **OTHER OPERATIONAL EXPENSES**

## EXPENSES

**ACCOUNTING**

* + **ADVERTISING**
  + **AFFES**
  + **AMMO**
  + **ATM TRANSACTIONS**
  + **BAD DEBTS - RETURN CHECKS**
  + **BANK CHARGES**
  + **BODY ARMOR**
  + **COMPUTER EXPENSES**
  + **COMPUTER ON LINE FEES**
  + **CONTRACT LABOR ADMINISTRATIVE**
  + **COMMISSIONS & FEES**
  + **CONTRIBUTIONS**
  + **CREDIT CARD FEES**
  + **EMPLOYEE BENEFITS**
  + **FINES & PENALTIES**
  + **FREIGHT – POSTAGE**
  + **INSURANCE**
    - **BUSINESS GENERAL LIABILITY**
    - **BUSINESS WORKMAN COMP**
    - **HEALTH**

**VEHICLE**

**EXPENSES CONTINUED**

* + **INTEREST**
  + **INVESTMENTS**
  + **LEGAL FEES**
  + **LODGING**
  + **MEALS AND ENTERTAINMENT**
  + **MISCELLANEOUS EXPENSES**
  + **NUTRITIONAL SUPPLEMANTS**
  + **OFFICE EXPENSES**
  + **PENSION & PROFIT SHARING EXPENSES (SEP IRA, 401K )**
  + **POSTAGE**
  + **RENT**
  + **REPAIRS & MAINTENANCE**
  + **SALARIES OFFICERS**
  + **SALARIES**
  + **SAFETY GEAR**
  + **SUPPLIES**
  + **TAXES & LICENSES**
    - **BUSINESS LICENSES & TAXES**
    - **REAL ESTATE TAXES**
    - **PERSONAL PROPERTY TAXES**
    - **PAYROLL TAXES**
    - **SALES TAXES**
    - **FEDERAL AND STATE INCOME TAXES**
    - **OTHER TAXES**
    - **TELEPHONE**
    - **TRAVEL**
    - **UNIFORMS**
    - **UTILITIES**
    - **WEAPONS**

## OTHER INFORMATION REQUIRED

* **DECEMBER 31 BANK STATEMENT TO VERIFY CASH IN BANK AND BANK RECONCILIATION.**
* **ACCOUNTS RECEIVABLE AND ANY UNPAID INVOICES TO CLIENTS THAT ARE CURRENTLY OUTSTANDING. PRINT AN AGING REPORT SO THAT WE MAY DETERMINE ANY UNCOLLECTABLE INCOME.**
* **INVENTORY IF REQUIRED. A WRITTEN DETAILED INVENTORY AT DECEMBER 31.**

**ACCOUNTS PAYABLE. ANY UNPAID LIABILITIES. (UNPAID BILLS, LOANS, EQUIPMENT FINANCING.**

**VEHICLE INFORMATION ON EACH VEHICLE, MAKE AND MODEL OF VEHICLE AND OR TRUCKS AND MILEAGE. INFORMATION ON SALE OR TRADE IN OF ANY VEHICLE OR TRUCK.**

**IF YOU USE YOUR HOME IN THE BUSINESS, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**TOTAL SQ. FOOTAGE**

**TOTAL BUSINESS SQ. FOOTAGE**

**RENT OR HOUSE PMT**

**TAXES**

**INSURANCE**

**UTILITIES**

**REPAIRS**

**HOME OFFICE, FURNITURE, FIXTURES & EQUIPMENT**

**IF YOU ARE A NEW CLIENT PLEASE PROVIDE A COPY OF LAST YEARS’ RETURN. IF THIS IS YOUR FIRST YEAR AS A CORPORATION, PLEASE PROVIDE THE FOLLOWING:**

**FEDERAL ID NUMBER**

**STATE INCORPORATION NUMBER**

**COPY OF INCORPORATION FILING DOCUMENTS**