

YEAR END SUMMARY NO ESTIMATES OR ROUND NUMBERS PLEASE

CORP NAME _____

TAX YEAR _____

OWNERS NAME _____

TELEPHONE _____

EMAIL ADDRESS _____

CELL PHONE _____

INCOME / SALES *(total deposits plus cash income)*

BEGINNING INVENTORY *(if you have an inventory)*

PURCHASES

AMOUNTS OWED ON LOANS:

MATERIALS

SUBCONTRACTORS

ENDING INVENTORY *(if applicable)*

BANK BALANCE ON 12/31:

OTHER INCOME - INTEREST - DIVIDENDS

OFFICERS SALARIES ***WE SHOULD HAVE THIS INFO***

LICENSES

REPAIRS & MAINTENANCE

RENTS

INTEREST PAID OUT *(auto loans list separately)*

MAJOR EQUIPMENT PURCHASED *(date & amount)*

MEALS *(entertainment not deductible on federal)*

ENTERTAINMENT *(still deductible on NYS)*

ADVERTISING

PENSION (401K - SEP - IRA - ETC)

ACCOUNTING

AUTO - GAS

AUTO - REPAIRS & MAINT

AUTO INSURANCE

AUTO LEASE PAYMENT

AUTO LOAN INTEREST PAID

AUTO - TOTAL MILES DRIVEN / % of business use

BANK FEES / CHARGES

COMMISIONS PAID

COMPUTER / ONLINE FEES

SMALL EQUIPMENT

FREIGHT &/OR SHIPPING

INSURANCE

HEALTH INSURANCE - OWNERS

HEALTH INSURANCE - EMPLOYEES

LIABILITY INSURANCE

WORKERS COMP

DISABILITY INSURANCE

INSURANCE - OTHER

OFFICE EXPENSES

POSTAGE & MAILING

OTHER EXPENSES (LIST):

PUBLICATIONS

SUPPLIES

TOOLS

TRAVEL

CELL PHONE & TELEPHONE *(% of business use)*

UTILITIES

WORK CLOTHES