

C or S Corp Checklist

Client Name: _____ Tax Year: _____ EIN Number: _____
Business Name: _____ Address: _____
Date Incorporated and election Date: _____ State: _____

Need Prior year tax return, Shareholder Names, addresses, social security numbers and % of ownership, Articles and Election Documents: **ONLY** for new clients.

Income:

Profit and Loss

1099-Nec

1099-K

Quarterly Sales if filing for CDTAF

<u>Expenses</u>	<u>Description:</u>	<u>Amounts:</u>
Accounting:	_____	_____
Advertising:	_____	_____
Assets Purchased:	_____	_____
Bank and Merchant Fees:	_____	_____
Commission:	_____	_____
Contract Labor:	_____	_____
(1099s)		
Cost of Goods:	_____	_____
Employee Benefits:	_____	_____
Estimates Paid	_____	_____
Insurance (Auto):	_____	_____
Insurance (Business):	_____	_____
Laundry:	_____	_____
Legal & Professional:	_____	_____
License and Permits:	_____	_____
Loans Interest Paid:	_____	_____
Meals:	_____	_____
Medical Insurance:	_____	_____
Membership Dues:	_____	_____

Office Supplies/Expense: _____
Postage: _____
Rents or leases: _____
Office Supplies/Expenses: _____
Rent or Leases: _____
Repairs and Maintenance: _____
Salaries: _____
Software: _____
Supplies: _____
Taxes: _____
Travel Expense: _____
Telephone: _____
Uniforms: _____
Utilities: _____
W3 for W2 wages _____
Other Expenses: _____

Vehicle Use:

Year: _____ Make: _____ Year Purchased: _____ Amount: _____
Total Miles: _____ Business: _____ Personal: _____
Fuel _____ Insurance _____ Maintenance _____

***If purchased this year we need purchase agreement and/or Sales Tax Paid**

Home Office:

Home Square Foot: _____ Office Square Foot: _____

If home is used primarily for the business: Please fill out below

Rent/Mortgage _____ Utilities: _____
Repairs: _____ Property Tax: _____

Shareholder Information:

Names: _____ Social: _____ Title: _____ %: _____
Shareholder Loans: _____ Draw: _____

Names: _____ Social: _____ Title: _____ %: _____
Shareholder Loans: _____ Draw: _____