



Adam M. Beaudry, CPA, LLC
 Certified Public Accountant

Business Information Sheet

Name of Business _____

Gross Income (not on W-2): \$ _____

Advertising & Promotion	\$ _____	Administrative Expense	\$ _____
Client Gifts	\$ _____	Contractor Expense	\$ _____
Employee Gifts	\$ _____	Salaries/Gross Wages	\$ _____
Business Donations	\$ _____	Employer Payroll Taxes Paid	\$ _____
Networking Expense	\$ _____	Employee Benefits Paid	\$ _____
Meals (for staff)	\$ _____	Employer Cont. to Retirement	\$ _____
Meals (for business meetings)	\$ _____	Books/Magazines/Publications	\$ _____
Meals (while traveling)	\$ _____	Education/Training Expense	\$ _____
Commissions Paid	\$ _____	Seminars/Workshop Expense	\$ _____
Office Rent	\$ _____	Dues	\$ _____
Office Supplies	\$ _____	Subscriptions	\$ _____
Equipment Rental	\$ _____	Licenses	\$ _____
Tools	\$ _____	Permits	\$ _____
Supplies/Materials	\$ _____	Legal & Professional Fees	\$ _____
Repairs & Maintenance	\$ _____	Tax Services	\$ _____
Cleaning	\$ _____	Liability Insurance	\$ _____
Postage	\$ _____	Workers Comp Insurance	\$ _____
Post Office Box	\$ _____	Loan Interest Paid	\$ _____
Telephone Expense	\$ _____	Credit Card Interest Paid	\$ _____
Internet Expense	\$ _____	Credit Card Usage Fees	\$ _____
Website Expense	\$ _____	Bank Service Charges	\$ _____
Technology Expense	\$ _____	Travel: Lodging	\$ _____
Printing/Copying	\$ _____	Travel: Transportation	\$ _____
Letterhead/Business Cards	\$ _____		
_____		Beginning Inventory	\$ _____
_____		Ending Inventory	\$ _____

1. Did you receive a 1095 A health insurance form?
2. Did you purchase or sell real estate this year? (If yes, please provide us with the HUD)
3. Have you moved in the last 12 months?
 If so, what is your current address?

4. Were payments made that require filing a 1099 NEC Form?
 If so, were they filed? (Please provide copies of issued forms.)

Federal Quarterly Tax Payments

	Date	Amount
Payment 1	_____	\$ _____
Payment 2	_____	\$ _____
Payment 3	_____	\$ _____
Payment 4	_____	\$ _____

State Quarterly Tax Payments

	Date	Amount
Payment 1	_____	\$ _____
Payment 2	_____	\$ _____
Payment 3	_____	\$ _____
Payment 4	_____	\$ _____

Office Furniture, Equipment, Improvements, Vehicle Purchases: (Purchases that exceed \$2,500)

Item	Purchase Date	Purchase Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Vehicle

Make _____ Model _____ Year _____
 Purchase Price \$ _____ Purchase Date _____
 Jan 1 - June 30 Total Miles _____ Business Miles _____
 July 1 - Dec 31 Total Miles _____ Business Miles _____

**A mileage log should be kept throughout the year to track business mileage.*

Parking	\$ _____	Maintenance	\$ _____	Excise Tax	\$ _____
Tolls*	\$ _____	Cleaning	\$ _____	Inspection	\$ _____
Gas	\$ _____	Insurance	\$ _____	Lease Payments	\$ _____
Oil Changes	\$ _____	Registration	\$ _____	Auto Club	\$ _____
Repairs	\$ _____	License	\$ _____		

**Log into your EZ Pass account to print out a summary of the yearly toll costs.*

Home Office: (A portion of your home that is used solely for business purposes)

Total SqFt of Home	_____ ft2	Labor (not your own)	\$ _____
Total SqFt of Office	_____ ft2	Insurance	\$ _____
		Garbage Removal	\$ _____
Direct Expenses (benefit only home office)		Cleaning Services	\$ _____
Repairs & Painting	\$ _____	Landscaping	\$ _____
Insurance	\$ _____	Snow Service	\$ _____
Other _____	\$ _____	Condo Fee	\$ _____
		Security System	\$ _____
Indirect Expenses (benefit entire home)		Rent	\$ _____
Gas & Electricity	\$ _____	Mortgage Interest	\$ _____
Water & Sewage	\$ _____	Mortgage Insurance	\$ _____
Repairs	\$ _____	Real Estate Taxes	\$ _____
Supplies	\$ _____	Other _____	\$ _____
Painting	\$ _____	Other _____	\$ _____

Medical and Dental:

Insurance Costs	\$ _____	Prescriptions	\$ _____
Doctor/Dental Visits	\$ _____	Parking/Tolls	\$ _____
Glasses	\$ _____	Medical Miles	\$ _____
Other Medical Costs	\$ _____		

Charitable Contributions:

Cash Contributions:

Total Amount Donated: \$ _____ (If more than \$500, please fill out the section below.)

<u>Organization</u>	<u>Date of Donation</u>	<u>Amount donated</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Noncash Contributions:

Total Amount Donated: \$ _____ (If more than \$500, please fill out the section below.)

<u>Charity</u>	<u>Date</u>	<u>Fair Market Value</u>	<u>Items</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Retirement Contributions:

IRA: \$ _____ Roth: \$ _____ SEP: \$ _____

Bank Information:

Name of Bank: _____

Routing Number: _____ Account Number: _____

How do you prefer to receive possible refunds:

How do you prefer to make tax payments that may be due: