



Adam M. Beaudry, CPA, LLC
 Certified Public Accountant

Business Expenses

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 (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 the 3rd stimulus check (\$1,400 per person) due to the pandemic in 2021? If so, what was the total amount you (and your spouse) received? _____
2. Have you received any assistance from the Cares Act? (PPP Loan, EIDL Loan, payroll deferral) If so, we will need copies of the loan documents and/or payroll reports showing the deferral)
3. Did you receive a 1095 A health insurance form? **Yes or No**
4. Did you purchase or sell real estate this year? **Yes or No** (If yes, please provide us with the HUD)
5. Have you moved in the last 12 months? If so, what is your current address?

6. Were payments made that require filing a 1099 Form? **Yes or No** If so, were they filed? **Yes or No**
 (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 _____
Total Miles _____ Business Miles* _____

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

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

**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 Square Footage of Home	_____	Labor (not your own)	_____
Total Square Footage of Office	_____	Insurance	_____
<u>DIRECT EXPENSES (benefit only home office)</u>		Garbage Removal	_____
Repairs & Painting	_____	Cleaning Services	_____
Insurance	_____	Landscaping	_____
Other _____	_____	Snow Service	_____
INDIRECT EXPENSES (benefit entire home)		Condo Fee	_____
Gas & Electricity	_____	Security System	_____
Water & Sewage	_____	Rent	_____
Repairs	_____	Mortgage Interest	_____
Supplies	_____	Mortgage Insurance	_____
Painting	_____	Real Estate Taxes	_____
		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.)

Organization	Date Donated	Amount Donated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Contributions:

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

Charity	Date	Fair Market Value	Items
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Contributions:

IRA: _____ Roth: _____ SEP: _____

Bank Information:

Name of Bank: _____ Checking or Savings (Circle One)

Routing Number: _____ Account Number: _____

How do you prefer to receive possible refunds: Direct Deposit or Check

How do you prefer to make tax payments that may be due: Direct Withdrawal or Check