

Tax Year:	
(Blank if Cu	rrent Filing Tax Year)

Tax Preparation Small Business

Business Information			
Entity Type: [] S Corp [] C Corp	[] LLC [] Partnership [] Sole Prop.		
Business Name:	EIN:		
Product / Service: Year Established:			
Did you issue all required 1099 forms for subcontractors? [] Yes [] No [] Not Applicable			
Owner Information (#1)			
Name:	SSN:		
Address:			
Email: Ownership %:			
Owner Information (#2)			
Name:	SSN:		
Address:			
Email:	Occupation:		
Total Year Business Income			
Revenue / Sales / Earnings: \$			
Other Income: + \$			
Total Year Business Income = \$			
If You Have a Home Office:			
Total Sq/Ft of Your Home:	Sq/Ft. Total Square Ft of Your Office:Sq/Ft.		
Total Year Home Office Expenses.			
Rent: \$ Electricity: \$ Water: \$ \$	\$\$ \$\$ \$\$ \$\$ \$ S NEXT		



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Total Year Business Related Expenses				
Bus. Insurance: Phone: Internet: Uniforms: Bus. Supplies: Office Suppl.: Outsourcing: Legal & Prof.: Software: Storage / Rent:	\$ Education: \$ Equipment: \$ Meals: \$ Repairs / Maint.: \$ \$	\$\$ \$\$ \$\$ \$\$		
If Claiming Vehicle Expenses and/or Mileage:				
Vehicle Make:	Model:	Year:		
Date Placed in Service: Total Business Miles Driven During the Tax Year: Miles. Do you have a written record / log / evidence of Business Miles? [] Yes [] No				
Total Year Vehicle Expenses for:				
Insurance: \$ Repairs: \$ Oil Change: \$		\$		
Signature				
Your signature below attests you have provided us true, correct, and accurate information. This information is to be used for your tax preparation.				
Name:	Signature:	Date:		