



SMALL BUSINESS TAX CHECKLIST

Please keep all receipts and Excel sheets for your own records.

Please provide me with totals only.

INCOME

Gross receipts from sales or services	Total \$
Return and allowances	Total \$
Business checking/ savings account interest (1099-INT statement)	Total \$
Other income	Total \$

COST OF GOODS SOLD (IF APPLICABLE)

Inventory	Total \$
Beginning inventory total dollar amount	Total \$
Inventory purchases	Total \$
Ending inventory for person purposes	Total \$
Items removed for personal purposes	Total \$
Materials & Supplies	Total \$

EXPENSES

Advertising	Total \$
Phones (Landline, fax or cell phones related to business)	Total \$
Computer & internet expenses	Total \$
Transportation and Travel Expenses	Total \$
Local transportation Business trip (mileage) Log	Total \$
Log or receipts for public transportation, parking, tolls	Total \$
Travel away from home/ Airfare or mileage	Total \$
Hotel(s)	Total \$
Meals, Trip	Total \$
Taxi, tips	Total \$
Internet connection bills	Total \$
Other expenses	Total \$
Commissions paid to subcontractors	Total \$
Did you File Form 1099-NEC and 1096 as necessary	YES _____ NO _____
Depreciation	Total \$
Cost and first date of business use of assets	Total \$
Records relating to personal use of assets	Total \$
Sales price and disposition date of any assets	Total \$
Business insurance	Total \$
Casualty loss insurance	Total \$
Errors and omissions	Total \$
Other	Total \$

INTEREST EXPENSES

Mortgage interest on building owned by business	Total \$
Business loan interest	Total \$
Investment expense and interest	Total \$

PROFESSIONAL FEES

Lawyers, accountants, and consultants	Total \$
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OFFICE SUPPLIES

Pens, paper, staples, and other consumables	Total \$
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RENT EXPENSE

Office space rent	Total \$
Business-use vehicle lease expense	Total \$
Other	Total \$

OFFICE-IN-HOME

Square footage of office space	Total \$
Total square footage of home	Total \$
Hours of use, if operating in a home daycare	Total \$
Mortgage interest or rent paid	Total \$
Homeowner's or renters' insurance	Total \$
Utilities	Total \$
Cost of home, separate improvements and first date of business use	Total \$

WAGES PAID TO EMPLOYEES

W-2 and W-3 Forms	Total \$
Federal and state payroll returns (Form 940, 941 etc.)	Total \$
Employee benefit expenses	Total \$
Contractors	Total \$
1099-NEC Form	Total \$
1096 Form	Total \$

OTHER EXPENSES

Repairs, maintenance of office facility, etc	Total \$
Health insurance	Total \$
Premiums paid to cover the sole-proprietor and family	Total \$
Premiums paid on behalf of partners and S corporation shareholders	Total \$
Information on spouse's employer provided insurance	Total \$