

Hupp Tax Service

32341 Vine Street, Willowick, OH 44095

Phone (440) 944-4343

Fax (440) 944-4341

WHAT TO BRING – BUSINESS

Tax year **2017**

(or mail, fax, email (taxhelp@hupptax.com))

Statement of Income and Expenses
(profit and loss statement)

Balance Sheet (be sure to include year-end bank balances and ending inventory if applicable)

Payroll reports (W3/W2, (941 etc.)

1099's (1099R, 1099MISC, 1099INT, 1099DIV, 1099B, 1099G, 1099C, etc.)

1098's

Anything marked
"Important Tax Document"

Capital contribution and draw amounts by owners/members/shareholders/partners.

Business Name _____

Officers (list new officers below)

No change

President _____

Treasurer _____

Secretary _____

Business Type (S Corp, Partnership, sole proprietor, LLC, Trust, Estate)

Contact information (we will confirm at check in):

Phone # _____

Did the business move? If so, date? _____

New address _____

If you're new to Hupp Tax Service, bring:

❖ Prior two year tax returns (Federal State & City).

❖ List of officers and board members, names and addresses.

Section 1 - All clients please complete.

Retirement Plan contributions (SIMPLE, SEP, solo 401(k), other)

None / Not applicable

Quarterly estimate payments

None / Not applicable

	Date Paid	Federal	State	City
1 st qtr	_____	_____	_____	_____
2 nd qtr	_____	_____	_____	_____
3 rd qtr	_____	_____	_____	_____
4 th qtr	_____	_____	_____	_____
Total	_____	_____	_____	_____

List of furniture/equipment purchased and sold

Item	Cost	Date purchased	Date Sold
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

None / Not applicable

Profit & Loss Statement (example)

Income

Total income _____

If you have Inventory:

Ending Inventory _____

Expenses*

Cost of goods sold / Purchases _____

Advertising _____

Insurance _____

Health Insurance (self-employed) _____

Legal & Professional _____

Interest (business loans, credit cards) _____

Rent _____

Office Supplies _____

Repairs/Maintenance _____

Licenses / Dues _____

Meals & Entertainment (50% is deductible) _____

Travel – airfare, lodging, tolls _____

Utilities _____

Wages / Subcontractors _____

Gifts _____

Education/Seminars _____

Other _____

Other _____

Other _____

Other _____

Business miles driven _____ Please include make, model, year of vehicle(s) _____

If you prefer to use actual expenses instead of the per mile rate, please complete below section and we will calculate the deduction based on the business use percentage.

Total miles driven on vehicle for all purposes _____

Gas _____

Auto Loan interest _____

Insurance _____

Purchase date and price _____

Repairs/Maintenance _____

Car Washes, misc _____

*** NOTE: We don't need to see your receipts, but you need to keep them for all of your deductions.**