

Hupp Tax Service

32341 Vine Street, Willowick, OH 44095

Phone (440) 944-4343

Fax (440) 944-4341

WHAT TO BRING – BUSINESS

Tax year **2019**

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

Business Name _____

Officers (list new officers below)

No change

President _____

Treasurer _____

Secretary _____

- 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 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 (50% is deductible) (NOT entertainment) _____

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.

<i>Total miles driven on vehicle for all purposes</i> _____	<i>Business miles</i> _____
<i>Gas</i> _____	<i>Auto Loan interest</i> _____
<i>Insurance</i> _____	<i>Purchase date and price</i> _____
<i>Repairs/Maintenance</i> _____	<i>Car Washes, misc</i> _____

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