Hupp Tax Service
32341 Vine Street, Willowick, OH 44095 Phone (440) 944-4343 Fax (440) 944-4341

WHAT TO BRING – BUSINESS

Tax year **2026**

(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, (941s 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 (1120S), Partnership (1065), Trust (1041), Estate (1041), sole proprietor, or LLC

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 years 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
1st qtr.	_____	_____	_____	_____
2nd qtr.	_____	_____	_____	_____
3rd qtr.	_____	_____	_____	_____
4th qtr.	_____	_____	_____	_____
Total		_____	_____	_____

☐ **List of furniture/equipment purchased and sold**

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

☐ None / Not applicable

Profit & Loss Statement

HUPP TAX SERVICE

Business Name: _____

Income

Total income _____ Tax Year _____

If you have Inventory: Ending Inventory _____

Expenses *(We don't need to see your receipts, but you need to keep them for all your deductions.)*

Purchases / Cost of goods sold _____

Subcontractors / Wages _____

Payments to individuals over $2000/year require Form 1099NEC to be filed.
Did / will you file 1099s as required? **YES / NO**

Office Supplies _____

Postage _____

Seminars / Training & Education _____

Phone *(if separate business line)* _____

Rent _____

Repairs/Maintenance _____

Travel *(airfare, hotels, etc.; include mileage below)* _____

Meals *(IRS requires receipt indicates names & purpose)* _____

Legal & Professional _____

Dues / Licenses _____

Advertising _____

Gifts _____

Interest (business loans, credit cards) _____

Utilities _____

Insurance – indicate type _____

Health Insurance premiums (if self-employed) _____

Equipment – please list with purchase dates & cost _____

Other _____

Other _____

Home office - *if regularly and exclusively used for business.*

Sq ft office - _____ Can use standard rate of $5/sq ft (Simplified) OR Actual expenses.

Sq ft total home - _____ If using Actual, include ALL costs for home (Utilities, repairs, insurance, mortgage, etc.)

Business MILES: _____ *(IRS requires a log or record of odometer, date, business purpose for each trip)*

TOTAL MILES driven on vehicle for all purposes: _____ 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 can calculate the deduction based on the business use percentage. REMINDER: Commuting miles are NOT deductible.

Gas	_____	*Auto Loan interest*	_____
Insurance	_____	*Purchase date and price*	_____
Repairs/Maintenance	_____	*Car Wash, misc.*	_____