



HAMMERNIK & ASSOCIATES

Business Income & Expenses:

Tax Year: _____

Client Name:	Fed ID #:
Business Name:	Cash ___ Accrual ___
Business Address:	City: State: Zip Code:
Business Activity:	LLC/ Corp Annual Report Current? Y N Business Code:
Product Or Service Performed:	Sole ___ Corp - S C Partner ___
Business Operations: 12 months ___ Or From ___ To ___ Material Participation? Y N	Full Time ___ or # hours ___

Business Income:

Gross Sales: \$	1099's Received: Y N If yes # ___ Total \$ _____ 1099 K: \$ _____
Sales Tax Included in Sales? Y N If yes, \$	Bank Statements: Do Deposits = Sales? Y N
Returns/ Refunds/Discounts: \$	All Cash Sales Reported? Y N Personal Money Put Into Business? Y N
Other Income: \$ Interest: \$ Dividends:\$	Were All Sales Tax Reports/ Payroll Reports Filed? Y N Verify, Bring along

Cost Of Goods:

Purchases:	Beginning Inventory:
Cost Of Labor:*	Ending Inventory:
Materials:	Inventory: Cost ___ LCM ___ Other ___ None: _____
Freight- In:	Was inventory taken? Y N If So, how?

*Were 1099's required? Y N Were they filed? Y N **Company Plan ACA Compliant? Y N # Employees__

Business Expenses: Must be "Ordinary & Necessary expense of your trade, business or profession"

Advertising	Licenses (not vehicle)	Education
Car/Truck (see back)	Travel: Overnight # days	Seminars
Commissions/Fees	Lodging: Airfare:	Tools/ Sm Equip.
Contract Labor *	Overnight Meals/ tips	Bank Fees
Employee Benefits:**	Auto Rental, Taxis, Uber, Train	Credit Card Fees
Insurance: Liability:	Travel Related Meals	Payroll Service
Disability: Other:	Other:	Postage/ Shipping
Interest: Mortgage	Meals: Business Related	Cash O/S
Interest – Other	Company Party/Picnic 100%	Dues/ Publications
Legal – Prof. Fees*	Entertainment: Tickets/ Other	Laundry/ Uniforms
Office Supplies	Client Gifts: Limited to \$25 per Person	Printing/ Copy
Pension/ Profit Share	Utilities: (Business) Gas/ Electric	Disposal
Lease	Phone (Business Line Only)	Spoilage/ Damaged
Rent	Other: Cable: \$	
Maintenance/ Repairs	Cell Phone –Total \$ Bus %	
Supplies	Multiple Phone Lines? –Family Plan Y N	
Taxes: Payroll	Internet –Total \$ Bus %	
Real Estate	Wages: Bring in Payroll Reports	
Personal Property	Payroll Service	
Sales Tax: If included in Sales	Employee Gift: Limited to \$25 per	
Unemployment: Fed State	Fuel –(for equipment- Off road use only)	
Other:	# gallons gas: diesel:	

Car / Truck Expenses:

Vehicle 1 Vehicle 2

Office In Home

Year/ Make			Date Put Into Use	/ /	Direct
Is It Over 6,000 lbs GVW	Y N	Y N			
Date Purchased/ Put into use			Total Cost * if added this year		
Ending Odometer Reading 12/31			Cost of Land		
Beginning Odometer Reading 1/01			Cost of Improvements		
Total Miles Driven			Sq ft of Home		
Total Business Miles			Sq Ft Of Office Area		
Total Commuting Miles			Sq Ft for Storage		
Parking/ Tolls			If Daycare: Use Daycare Form		
License Plates			Mortgage Interest Paid		
Interest on Vehicle loan			Real Estate Tax		
Loan Balance:					
Actual Expenses:			Utilities/ Garbage		
Gasoline			Insurance		
Auto insurance			Repairs/ Maintenance		
Maintenance/ Repair			Other:		
Lease Costs					
1. Do you have another vehicle for personal use?	Y N	Y N			
2. Do you have evidence to support your mileage	Y N	Y N			
3. If yes, Is it written in a log book or other format ?	Y N	Y N			

Note: If the answer to #2 or #3 is no, you must recreate 3 months of auto logs before we can deduct any of your auto expenses.

Equipment: Purchases/ Disposition

Description	Date Purchased	If Sold Date:	Cost	Sales Price	If Traded	New or Used
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				

Accounts Payable

To Whom	For What	Amount

Business Balances:

Checkbook		Loans:	
Savings			
		Credit Cards:	
Is checkbook used for Business & Personal		Personal Money Put Into Business	

I have reviewed all the information on agree that the information is true and correct. I have all the necessary back documents to prove this information.

Signature: _____

Date: _____