**Business Data Sheet**

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EIN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How is your business structured? (Partnership, S-Corp LLC etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tell us how to access your accounting records by checking the appropriate solution below:

 QuickBooks Desktop backup enclosed. (Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_)

 QuickBooks Online. (Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Other (records are enclosed)

Please provide following as of 12/31 :

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1. Cash: Checking account(s)

*(Reconciled balance)*

Savings account(s)

 *(Reconciled balance)*

 Cash on hand

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| --- |
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|  |

1. Ending inventory (at cost)
2. Accounts payable total
3. Accounts receivable total

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| --- |
|  |

1. Customer advanced deposit(s)

and/or unredeemable gift cards

1. Information on credit cards and loans for business & mortgages (required)

Name of creditor Loan balance Interest paid/year

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|  |

1. Did you purchase anything through the business that was for personal use? YES NO

Vehicle 1 Vehicle 2 Vehicle 3

1. Vehicle information

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| --- | --- | --- |
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Year and make

Total miles for the year

Business miles for Jan-June

Business miles for July-December

 Commuting miles for the year

1. Do you have evidence to support the business miles? **YES NO**
2. Is the evidence for business mile written evidence?  **YES NO**
3. Do you have another vehicle available for personal use? **YES NO**
4. Insurance paid for shareholder/partner or proprietor:

***\*Note: If your business is an S-corporation, we will need the health insurance amount for your W-2 preparation.***

 Provider Health insurance amount Life insurance amount Disability insurance amount

|  |  |  |  |
| --- | --- | --- | --- |
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1. Do you provide service(s) or deliver product(s) in states other than Pennsylvania? **YES NO**
2. Did you acquire any new assets or equipment greater than $2,500? **YES NO**
3. Did you make any payments that would require you to file Form(s) 1099? **YES NO**

If yes, did you file or will you file all required Form(s) 1099? **YES NO**

1. Please provide us with all Form(s) 1099-K received
2. Did you purchase health insurance for your employees? **YES NO**

To the best of my knowledge, the above information is true and correct.

Signature: Date:

Title:

DID YOU KNOW? FILING DEADLINE FOR FORMS 1099

The deadline for filing forms 1099 with the IRS and providing the forms to contractors is **January 31**