

Business Income/Expenses: S-Corp and C-Corp's

Corporation Name: _____

Corporation Address : _____

EIN # _____

Date Incorporated : _____

Date of S-Election: _____

What is the state of incorporation? _____

What is the Corporation's state of residence? _____

What is the principal business activity of the Corporation? _____

Contact Name: _____

Contact Phone # _____

Contact Mailing Address _____

email: _____

Was there a change in Shareholder information this year:

YES OR NO

Were wages paid to shareholder or officers?

YES OR NO

Where any Health insurance premiums paid for Shareholders?

YES OR NO

Was there any Capital Contribution during the year from a Shareholder?

YES OR NO

Any loans to the corporation during the year from Shareholder?

YES OR NO

Any loans repaid by the corporation to shareholder during year?

YES OR NO

Did pay anyone over \$600

YES OR NO

Did you file a 1099 for everyone you paid over \$600

YES OR NO

Business Income:

Gross sale receipts for the year: _____

Returns or Allowances: _____

Inventory on 01/01/24: _____

Cost of Goods Sold: _____

Cost of Materials for Manufactured Goods: _____

Cost of Labor for Manufactured Goods: _____

Inventory Remaining 12/31/24 _____

Business Expenses:

- Accounting: _____
- Advertising: _____
- Continuing Education: _____
- Business Bank Account Fees: _____
- Business License: _____
- Cell Phone (100% of cost) _____
- Cell Phone purchase _____
- Cleaning/Janitorial/Maintenance: _____
- Credit Card Processing Fees: _____
- CC Interest Paid on Business Expenses: _____
- Commissions: _____
- Computer Services and Supplies: _____
- Delivery and Frieght: _____
- Dues and Subscriptions: _____
- Employee Health Benefits: _____
- Employee Payroll: _____
- Employee Payroll Taxes _____
- Employee Retirement Benefits: _____
- Equipment Rent: _____
- Fax Service: _____
- Gifts: _____
- Business Insurance: _____
- Internet (100% of cost): _____
- Meals for business meetings: _____
- Office Supplies: _____
- Permits and Bonds: _____
- Phone Line: _____
- Postage/PO Box: _____
- Health Insurance: _____
- Office Space Rent: _____
- Business Taxes and Licensing: _____
- Legal & Professional: _____
- Office Expense: _____
- Independent Contractors Expense: _____
- Security: _____
- Tools: _____
- Utilities _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Vehicle Expense:

Miles driven for business: _____
Gas Expense: _____
Repairs and Maintenance on Vehicle: _____
Vehicle Insurance: _____
Tabs and Licensing for Vehicle: _____

Over night out of town travel:

<u>City and state:</u>	<u># days spent in location</u>
_____	_____
_____	_____
_____	_____

Business Travel Expenses:

Plane, Train, Bus tickets to/from: _____
Luggage: _____
Hotel/Motel: _____
Cabs and subways: _____
Parking/Tolls: _____
Travel Meals: _____

Major Purchases: (any item purchased for business over \$2500)

<u>Description of Purchase:</u>	<u>date</u>	<u>amount pd</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRESSEY RICE TAX SERVICE LLC

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