

GURIN & GURIN

2021 BUSINESS CHECKLIST

***** NEW CLIENTS: Please provide a copy of your prior year's federal, state and/or city tax returns *****

TAX RETURN DELIVERY

How would you like to receive your copy of the tax return (please check one only): PAPER COPY ELECTRONIC COPY

PPP/EIDL/EIDG/OTHER

List amount(s) received from any of the following federal program(s): Paycheck Protection Program (PPP) \$ _____ Have you applied for PPP loan forgiveness? <input type="checkbox"/> Yes <input type="checkbox"/> No Economic Injury Disaster Loan (EIDL) \$ _____ Economic Injury Disaster Grant (EIDG) \$ _____	Describe & list amount(s) received from any state/local grant or loan program: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">DESCRIPTION</th> <th style="width: 20%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	DESCRIPTION	AMOUNT	_____	\$ _____	_____	\$ _____	_____	\$ _____
DESCRIPTION	AMOUNT								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

ENTITY INFORMATION

Name _____ EIN/Tax ID _____
 dba OR Assumed Name _____ Date Began _____

ADDRESS (to be shown on tax return)

MAILING ADDRESS (if different)

Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

PRIMARY CONTACT INFORMATION

SECONDARY CONTACT INFORMATION

Name _____	Name _____
Title _____	Title _____
Email _____	Email _____
Best PH _____	Best PH _____

OTHER INFORMATION

Company Phone _____	Company Fax _____
Business Activity _____	Product/Service _____
Year End _____	Website _____
Accounting Method _____	Inventory Method _____
Entity Type _____	
Was an election be to taxed as a Subchapter "S" corporation made? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," provide effective date: _____	
Did the business make any payments in 2021 that would require it to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred By _____	

OWNER/OFFICER/MANAGER INFORMATION (list additional owners/officers/managers on Notes)

First _____	SSN _____	Birthdate (MM/DD/YYYY) _____	_____
Last _____	Title _____	Ownership % _____	_____
Address _____	City _____	ST _____	Zip _____
Best PH _____	Email _____	_____	_____
First _____	SSN _____	Birthdate (MM/DD/YYYY) _____	_____
Last _____	Title _____	Ownership % _____	_____
Address _____	City _____	ST _____	Zip _____
Best PH _____	Email _____	_____	_____

2021 INCOME & EXPENSES

REVENUE		COST OF GOODS SOLD	
Merchant Card & Third Party Payments (from Form 1099-K)	\$ _____	Beginning Inventory as of 01/01/2021 (At Cost)	\$ _____
Gross Receipts Not Included Above (including all other 1099s)	\$ _____	Merchandise Purchased	\$ _____
Returns & Allowances	\$ _____	Materials & Supplies	\$ _____
Dividends	\$ _____	Cost of Labor	\$ _____
Interest	\$ _____	Officer(s) Compensation	\$ _____
Gross Rents	\$ _____	Other _____	\$ _____
Gross Royalties	\$ _____	_____	\$ _____
Other Income	\$ _____	Ending Inventory as of 12/31/2021 (At Cost)	\$ _____

EXPENSES			
Accounting Fees	\$ _____	Rent	\$ _____
Advertising	\$ _____	Repairs & Maintenance	\$ _____
Bank Service Charges	\$ _____	Small Tools & Equipment	\$ _____
Cleaning	\$ _____	Software Purchases	\$ _____
Commissions	\$ _____	Taxes - FUTA (include '21 Form 940)	\$ _____
Dues & Publications	\$ _____	Taxes - SUTA (include 1st-4th qtr '21 state unemployment forms)	\$ _____
Gifts & Promotions	\$ _____	Taxes - Medicare (include 1st-4th qtr '21 Forms 941)	\$ _____
Insurance - Auto	\$ _____	Taxes - Social Security (include 1st-4th qtr '21 Forms 941)	\$ _____
Insurance - Health (Officer Only)	\$ _____	Taxes - Personal Property	\$ _____
Insurance - Health (Other)	\$ _____	Taxes - Real Estate	\$ _____
Insurance - Other	\$ _____	Taxes - Sales	\$ _____
Internet Fees	\$ _____	Telephone Expense	\$ _____
Interest Expense	\$ _____	Travel Expense	\$ _____
Legal Fees* (See Below)	\$ _____	Utilities	\$ _____
License & Fees	\$ _____	Other _____	\$ _____
Linen	\$ _____	_____	\$ _____
Meals	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Postage & Freight	\$ _____	_____	\$ _____
Printing	\$ _____	_____	\$ _____

CAPITAL EXPENDITURES (i.e. Improvements; Equipment)				AUTO		
Description _____					VEHICLE 1	VEHICLE 2
Date in Service _____	Amount \$ _____			Date Placed in Service _____		
Description _____				Mileage		
Date in Service _____	Amount \$ _____			- Total Miles (driven in 2021)	# _____	# _____
				- Business Miles (driven in 2021)	# _____	# _____
Description _____				Actual Expenses		
Date in Service _____	Amount \$ _____			Base Price-Trade In+Sales Tax	\$ _____	\$ _____
				Car Wash	\$ _____	\$ _____
Description _____				Gasoline	\$ _____	\$ _____
Date in Service _____	Amount \$ _____			Insurance	\$ _____	\$ _____
				Interest	\$ _____	\$ _____
Description _____				Lease Payments	\$ _____	\$ _____
Date in Service _____	Amount \$ _____			Oil Changes	\$ _____	\$ _____
				Parking Fees/Tolls	\$ _____	\$ _____
Description _____				Registration	\$ _____	\$ _____
Date in Service _____	Amount \$ _____			Repairs & Maintenance	\$ _____	\$ _____
				Tires	\$ _____	\$ _____

* LEGAL FEES (required if any payment made by your business to an attorney in 2021)

Name _____		Name _____	
SSN/EIN _____	Amount \$ _____	SSN/EIN _____	Amount \$ _____
Address _____		Address _____	
City _____ ST _____ Zip _____		City _____ ST _____ Zip _____	

2021 BALANCE SHEET

BANK BALANCE(S)

(Check with financial institution, if necessary)

Account Name _____	Account Name _____
Type of Account _____	Type of Account _____
Balance as of 01/01/2021 \$ _____	Balance as of 01/01/2021 \$ _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____
Account Name _____	Account Name _____
Type of Account _____	Type of Account _____
Balance as of 01/01/2021 \$ _____	Balance as of 01/01/2021 \$ _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____

BUSINESS LOAN BALANCE(S)

(Check with financial institution, if necessary)

Loan Description _____	Loan Description _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____
Interest Paid in 2021 \$ _____	Interest Paid in 2021 \$ _____
Loan Description _____	Loan Description _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____
Interest Paid in 2021 \$ _____	Interest Paid in 2021 \$ _____

ACCOUNTS RECEIVABLE

Trade Notes & Accounts Receivable Balance as of 12/31/2021 \$ _____	Allowance for Bad Debts (\$ _____)
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AUTO LOAN BALANCE(S)

(Check with financial institution, if necessary)

Loan Description _____	Loan Description _____
Amt of Loan \$ _____	Amt of Loan \$ _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____
Loan Description _____	Loan Description _____
Amt of Loan \$ _____	Amt of Loan \$ _____
Balance as of 12/31/2021 \$ _____	Balance as of 12/31/2021 \$ _____

LOAN(S) TO COMPANY

LOANS TO SHAREHOLDER(S)/PARTNER(S)

DATE	NAME	AMOUNT	DATE	NAME	AMOUNT
1. _____	_____	\$ _____	1. _____	_____	\$ _____
2. _____	_____	\$ _____	2. _____	_____	\$ _____
3. _____	_____	\$ _____	3. _____	_____	\$ _____
4. _____	_____	\$ _____	4. _____	_____	\$ _____
5. _____	_____	\$ _____	5. _____	_____	\$ _____

LOAN PAYBACK TO SHAREHOLDER(S)/PARTNER(S)

LOAN PAYBACK TO COMPANY

DATE	NAME	AMOUNT	DATE	NAME	AMOUNT
1. _____	_____	\$ _____	1. _____	_____	\$ _____
2. _____	_____	\$ _____	2. _____	_____	\$ _____
3. _____	_____	\$ _____	3. _____	_____	\$ _____
4. _____	_____	\$ _____	4. _____	_____	\$ _____
5. _____	_____	\$ _____	5. _____	_____	\$ _____

2020 ESTIMATED TAX PAYMENTS

NOTES

	FEDERAL	MI CIT
1st Qtr (04/15/2021)	\$ _____	\$ _____
2nd Qtr (06/15/2021)	\$ _____	\$ _____
3rd Qtr (09/15/2021)	\$ _____	\$ _____
4th Qtr (01/18/2022)	\$ _____	\$ _____
2020 overpayment applied to 2021	\$ _____	\$ _____

NOTES

Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.