

GURIN & GURIN

2020 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):	Describe & list amount(s) received from any state/local grant or loan program:	
	DESCRIPTION	AMOUNT
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)		\$

ENTITY INFORMATION

Name _____ EIN/Tax ID _____
 dba _____
 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 2020 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 _____
Last _____	Title _____	Ownership % _____
Address _____	City _____	ST _____ Zip _____
Best PH _____	Email _____	
First _____	SSN _____	Birthdate _____
Last _____	Title _____	Ownership % _____
Address _____	City _____	ST _____ Zip _____
Best PH _____	Email _____	

2020 INCOME & EXPENSES

REVENUE

Merchant Card & Third Party Payments (from Form 1099-K)	\$
Gross Receipts Not Included Above	\$
Returns & Allowances	\$
Dividends	\$
Interest	\$
Gross Rents	\$
Gross Royalties	\$
Other Income	\$

COST OF GOODS SOLD

Beginning Inventory as of 01/01/2020 (At Cost)	\$
Merchandise Purchased	\$
Materials & Supplies	\$
Cost of Labor	\$
Officer(s) Compensation	\$
Other	\$
Ending Inventory as of 12/31/2020 (At Cost)	\$

EXPENSES

Accounting Fees	\$	Rent	\$
Advertising	\$	Repairs & Maintenance	\$
Bank Service Charges	\$	Small Tools & Equipment	\$
Cleaning	\$	Software Purchases	\$
Commissions	\$	Taxes - FUTA <i>(include '20 Form 940)</i>	\$
Dues & Publications	\$	Taxes - SUTA <i>(include 1st-4th qtr '20 state unemployment forms)</i>	\$
Gifts & Promotions	\$	Taxes - Medicare <i>(include 1st-4th qtr '20 Forms 941)</i>	\$
Insurance - Auto	\$	Taxes - Social Security <i>(include 1st-4th qtr '20 Forms 941)</i>	\$
<i>Insurance - Health (Officer Only)</i>	\$	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)

Description	
Date in Service	Amount \$
Description	
Date in Service	Amount \$
Description	
Date in Service	Amount \$
Description	
Date in Service	Amount \$
Description	
Date in Service	Amount \$

AUTO

	VEHICLE 1	VEHICLE 2
Date Placed in Service		
Mileage		
- Total Miles (driven in 2020)	#	#
- Business Miles (driven in 2020)	#	#
Actual Expenses		
Base Price-Trade In+Sales Tax	\$	\$
Car Wash	\$	\$
Gasoline	\$	\$
Insurance	\$	\$
Interest	\$	\$
Lease Payments	\$	\$
Oil Changes	\$	\$
Parking Fees/Tolls	\$	\$
Registration	\$	\$
Repairs & Maintenance	\$	\$
Tires	\$	\$

LEGAL FEES (required if any payment made by your business to an attorney in 2020)

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

2020 BALANCE SHEET

BANK BALANCE(S)

(Check with financial institution, if necessary)

Account Name	_____	Account Name	_____
Type of Account	_____	Type of Account	_____
Balance as of 01/01/2020	\$ _____	Balance as of 01/01/2020	\$ _____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____
Account Name	_____	Account Name	_____
Type of Account	_____	Type of Account	_____
Balance as of 01/01/2020	\$ _____	Balance as of 01/01/2020	\$ _____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____

BUSINESS LOAN BALANCE(S)

(Check with financial institution, if necessary)

Type of Loan	_____	Type of Loan	_____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____
Interest Paid in 2020	\$ _____	Interest Paid in 2020	\$ _____
Type of Loan	_____	Type of Loan	_____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____
Interest Paid in 2020	\$ _____	Interest Paid in 2020	\$ _____

ACCOUNTS RECEIVABLE

Trade Notes & Accounts Receivable Balance as of 12/31/2019	\$ _____	Allowance for Bad Debts	(\$ _____)
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AUTO LOAN BALANCE(S)

(Check with financial institution, if necessary)

Type of Loan	_____	Type of Loan	_____
Amt of Loan	\$ _____	Amt of Loan	\$ _____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____
Type of Loan	_____	Type of Loan	_____
Amt of Loan	\$ _____	Amt of Loan	\$ _____
Balance as of 12/31/2020	\$ _____	Balance as of 12/31/2020	\$ _____

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	CIT	NOTES
1st Qtr (07/15/2020)	\$ _____	\$ _____	
2nd Qtr (07/15/2020)	\$ _____	\$ _____	
3rd Qtr (09/16/2020)	\$ _____	\$ _____	
4th Qtr (01/15/2021)	\$ _____	\$ _____	
2019 overpayment applied to 2020	\$ _____	\$ _____	

NOTES

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