

Business Name _____
Client Number _____
Tax Year Ending _____

YEAR-END INCOME TAX DATA

FOR BUSINESS ONLY

Please complete and return this form to us by January 31, 2010. Thank you.

The information requested on this form is for the closing of your business books for the year and the preparation of your business income tax return. Please be sure that all information is accurate. It is imperative that we have this signed data sheet prior to completing your tax return.

If you need help in preparing this form, please telephone us at (717) 766-3555 or email us at info@giftassoc.com. This form is available as a PDF document on our website at <http://giftassoc.com>. Click on Resources, and then click on Business Tax Questionnaire.

Comments or Questions:

Declaration: I have reviewed the information given to you on this form and to the best of my knowledge it is true, correct, and complete. I have maintained the underlying records required by law to support this information. I authorize Gift & Associates, LLC to prepare my business income tax return based on this information and to retain copies of appropriate documents.

**PLEASE DO NOT FORGET
YOUR SIGNATURE AND DATE**



Signature _____

Date _____

GiftandAssociates
Certified Public Accountants



**FOR ALL ITEMS BELOW, PLEASE INDICATE THE BALANCES
AS OF THE LAST DAY OF YOUR FISCAL YEAR**

1. **Actual Cash On Hand or Petty Cash Fund at Year-End** \$ _____
2. **Business Investment Account Balance at Year-End**
Savings Account, Money Market Fund, etc. Please include a copy of all statements. \$ _____
3. **Inventory of Items For Resale at Year-End, Valued at Cost**
Do not include equipment or operating supplies to be used within your business.
Inventory should be counted in a manner consistent with method used in previous years. \$ _____
4. **Cost of Inventory Taken From the Business During the Year for Personal Use**
(not included in year-end inventory above) \$ _____
5. **Principal Balances of Notes, Contracts, Loans, Mortgages, Sales Taxes, and Payroll Taxes Payable at Year-End**
(from loan statements or telephone call to lender)

Account Code	To Whom Owed	For What?	Monthly Payment	Principal Balance of Note at Year-End
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Please attach additional list if necessary.				

6. Do you have any outstanding employee advances at year-end (money you will take out of future paychecks)?
Yes No
7. Did you pay COBRA subsidies for former employees during the year?
Yes No
8. Are all employee allowances, advances, or reimbursements made for business expenses being substantiated, accounted for in a reasonable period, and amounts returned to the employer when not substantiated?
Yes No
9. Are your Sales, Travel, and Entertainment expenses properly substantiated?
(date, names, amount, place, business purpose) Yes No
10. Was there any change in the shares of ownership during the year? Yes No If yes, please explain.
Did any shareholders change their address? Yes No
11. Are there any additional expenses of the business that were paid by officers/owners that have not been reimbursed?
(items paid by personal check, credit cards, etc. that you have not told us about before) Yes No
If yes, please attach list.
12. **Estimated Tax Payments** Did your business make any estimated tax payments? Yes No

Date Paid	Amount Paid: Federal	Amount Paid: State	Amount Paid: City/Local
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

13. Does your business have a pension plan? Yes No If yes, please answer the questions below.
What type? 401K Keogh SEP IRA SIMPLE Other _____
Are all qualified employees covered by the plan? Yes No
Do you plan to contribute for the fiscal year just ended? Yes No
Amount you plan to contribute, if known, for employees \$ _____ and for yourself \$ _____

14. Have you **disposed** of any equipment, furniture or vehicles or converted them to personal use during the year? If yes, please fill in details below. Yes No
15. Have you **traded** in any equipment, furniture, or vehicles for new or additional assets during the year? If yes, please fill in the details below and attach purchase papers. Yes No
16. Have you **acquired** any equipment, furniture, or vehicles during the year? If yes, please attach purchase papers if not already submitted. Yes No
17. Were any assets converted from personal use or purchased with personal funds during the year? Yes No

Date of Transaction	Description of Asset	Description of Transaction (purchase, trade, sale, etc.)	Amount
			\$
			\$
			\$
			\$
Please attach additional list if necessary.			

18. **Total Accounts Receivable at Year-End** (accrual basis businesses only) \$ _____
 Bills your customers owe you that are unpaid at year-end. You should have detailed records to support this total.

19. **Uncollectible Customer Bad Debts** (accrual basis businesses only) \$ _____
 Debts that are part of accounts receivable above that you want to write off this year.

Name	How old is amount due?	Amount
		\$
		\$
		\$
Please attach additional list if necessary.		

20. **Total Accounts Payable at Year-End** (accrual basis businesses only) \$ _____
 Bills your business owes that are unpaid at year-end. Business payables only, not personal. Do not show payroll taxes, sales taxes, or loan balances here. See above for those debts.

To Whom Owed	Description (Merchandise, Supplies, Vehicle Expense, etc.)	Account Code	Amount
			\$
			\$
			\$
			\$
			\$
			\$
Please attach additional list if necessary.			

21. Did you make any expenditure for disabled access to your business? Yes No
 If yes, amount \$ _____ description: _____

COMPLETE ONLY THOSE SECTIONS BELOW NOT PREVIOUSLY SUBMITTED FOR THIS TAX YEAR

22. Business Vehicle Information (Do not report with personal information)

	Vehicle #1	Vehicle #2	Vehicle #3	Business Use of Personal Vehicle
Description				
Odometer Reading at Beginning of Year	mi	mi	mi	mi
Odometer Reading at End of Year	mi	mi	mi	mi
Total Miles Driven During the Year	mi	mi	mi	mi
Business Miles	mi	mi	mi	mi
Commuting Miles	mi	mi	mi	mi
Personal Miles	mi	mi	mi	mi
Actual Expenses (gas, repair, lease, insure)	\$	\$	\$	\$
Personal Property Tax (Auto Registration)	\$	\$	\$	\$
Business Parking and Tolls	\$	\$	\$	\$
Vehicle available for personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle used mostly by owner or relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Another vehicle available for personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have evidence to support this business use? Yes No If no, vehicle expenses may not be deductible.

Is the evidence in writing? Yes No If no, vehicle expenses may not be deductible.

Do you have a written policy prohibiting personal use of business vehicles by your employees? Yes No

If there are personal or commuting miles, how was this fringe benefit treated? _____

Identify any vehicle that is electric or hybrid and any use of alternative fuels: _____

23. Owner/Officer Life Insurance Premiums

Were any life insurance premiums for owners and/or officers paid through your business? Yes No

Are the premiums included in your P&L? Yes No

What is the monthly premium? \$ _____ What is the annual total? \$ _____

Who is beneficiary of policy? _____

If the business is the beneficiary, what is the cash value of the policy at year-end? \$ _____

24. Owner/Officer Medical, Long Term Care, and Disability Insurance Premiums

Were any medical, long term care, or disability insurance premiums paid for owners and/or officers? Yes No

If yes, please fill in the premium paid for each officer/owner in the table below and answer the following questions.

Are the premiums included in your P&L? Yes No

Are all qualifying employees covered by the plan? Yes No

If the business is an S Corporation, are the premiums included in shareholder wages? Yes No

If no, how were they treated? _____

Name	Type of Insurance	Monthly Premium	Annual Total
		\$	\$
		\$	\$

Please attach additional list if necessary.

25. Medical Savings Accounts (MSA) and Health Savings Accounts (HSA)

Are there any qualified medical or health savings accounts? Yes No If yes, how much was paid for whom?

Name	Employer Contribution	Employee Contribution
	\$	\$
	\$	\$

Please attach additional list if necessary.