



Business Name _____

2018 YEAR-END INCOME TAX DATA FOR BUSINESSES ONLY

Please complete and return this form to us by January 15, 2019. Thank you.

The information requested on this form is for the closing of your business books for 2018 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.**

This form is also available as a PDF document on our website at www.GiftCPAs.com under Forms & Resources. If you need help preparing this form, please call or email your accountant.

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

1. **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 the method used in previous years.
2. **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.
3. **Uncollectible Customer Bad Debts** (accrual-basis businesses only) Yes No If yes, please attach detail.
Debts that are part of accounts receivable above that you want to write off this year.
4. **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. Please attach detail.
Do not show payroll taxes, sales taxes, or loan balances here.
5. **Principal Balances of Notes, Contracts, Loans, Mortgages, Sales Taxes, and Payroll Taxes Payable at Year-End** (from loan statements or as provided by lender) Yes No If yes, please attach detail.
6. Are your meal expenses properly substantiated?
(date, names, amount, place, business purpose) Yes No
7. Have your entertainment expenses been properly separated from your meal expenses? Yes No
You should have detailed records to support this total.
8. Was there any change in the shares of ownership during the year? Yes No If yes, please attach detail.
Did any shareholders or partners change their address? Yes No If yes, please attach detail.
9. 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.

10. Have you **disposed, traded, acquired, and/or converted to personal use** any equipment, furniture, or vehicles during the year? If yes, please attach paperwork. Yes No

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

	Vehicle #1	Vehicle #2	Vehicle #3	Business Use of Personal Vehicle
Description				
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
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? _____

12. Owner/Officer Life Insurance Premiums

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

13. 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

14. Health Insurance – Affordable Care Act

Do you provide health insurance for your employees? Yes No

Comments or Questions:

Thank you for being a valued client. We appreciate your trust in Gift CPAs and look forward to serving you in 2019. If you know of another company that might benefit from our services, please visit www.GiftCPAs.com or contact your accountant.

Best Wishes for a successful year in 2019!

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 CPAs 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 _____