

2009 BUSINESS INCOME TAXES CHECKLIST

Name of Business			Federal ID:	
Owner(s)			Incorp. Date:	
	Title		SSN	%
	Title		SSN	%
Address:			Incorp. Type	
Street		Ste. #	C	S
City		State	LLC	LLP
Phone:		Fax:	Sole Proprietor	
Email			Partnership	

Total Income: 1099's	Whom	\$
		\$
		\$
		\$
		\$
		\$
		\$

Expenses

Advertising	\$
Auto Expenses	\$
Fuel	\$
Maintenance (car washes/oil changes)	\$
Insurance	\$
License Fees	\$
Bad Debts	\$
Commissions or Fees Paid	\$
Employee Benefits (401K's, Health Insurance, etc.)	\$
Business Insurance (not Health)	\$
Interest Paid	\$
Internet Access Fees/Web Expenses	\$
Office Expense	\$
Office Supplies	\$
Rent	\$
Equipment Rental	\$
Postage	\$
Repairs & Maintenance	\$
Business (Building)	\$
Equipment	\$
Computer	\$
Supplies	\$
Taxes & Licenses	\$
Telephone	\$

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Equipment / Tools: (Continued)

Name of Asset	Date Purchased	Total Amount Paid including tax
		\$

Vehicle(s)

Year:	Make & Model:	Purch. Date:	Total Paid including interest on loan	Business Miles:	Personal Miles:

Home Office

Date Home Purchased:	\$
Total Square Footage of Home:	\$
Sq. Ft. Of Room Used as Office:	\$
Home Utility Bills	\$
Homeowners Insurance	\$
Annual Taxes on Home	\$
Pest Control	\$
Lawn Service	\$
Pool Service	\$
Cleaning Service	\$
Rug Shampoos	\$
Repairs & Maintenance	\$

Cost of converting room to an office (phone jacks, renovations, decorations, carpeting)

Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$
Item:	\$