

## Small Business Form

*New Clients Only: Please make sure to attach a copy of your 2022 tax return.*

### Business Information

Name of Business: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

EIN (SS4-Form/EIN Letter): \_\_\_\_\_ Type of Industry: \_\_\_\_\_

Type of Entity (*select one*):

Schedule C    LLC – Single Member    LLC – Multi Member    S-Corp    C-Corp

### Vehicle Use for Business

Year/Make/Model	Date Placed in Service	Purchased Price	Purchased Date

### Mileage

**If business use is over 50%, include these totals:**

*Please attach information for additional vehicles.*

Business Miles	Personal Miles	Total Miles	Fuel \$ _____	Registration \$ _____
			Insurance \$ _____	Loan Interest \$ _____
			Repairs \$ _____	Other \$ _____

**Check any that apply:**

<input type="checkbox"/>	Was the vehicle available for personal use during business hours?
<input type="checkbox"/>	Do you have another vehicle available for personal use?
<input type="checkbox"/>	Do you have written documentation to support these expenses?

### Business Use of Home

Are you claiming use of a home office?       Yes       No

If yes, please provide the following information:

1. How many months was your home used for business? \_\_\_\_\_
2. How much square footage was used exclusively for business? \_\_\_\_\_
3. What is the total square footage of the home? \_\_\_\_\_

**Additional Expenses** (*please attach information for any additional expenses*)

Rent (not mortgage) \$ _____	Garbage \$ _____	HOA Dues \$ _____
Gas/Electric \$ _____	Insurance \$ _____	General Repair \$ _____
Water \$ _____	Cleaning \$ _____	Repair/Maintenance \$ _____

**If you do NOT use QuickBooks, please continue to the next page.**

If you use QuickBooks, you do not need to continue to the next page. Instead, send an invite to sam@westridgetaxes.com to access your reports. If its QuickBooks Desktop, upload a portable company back up file and provide version along with the username and password.

**Income**

Total Income (Gross Receipts/Sales) \$ _____	Other Income \$ _____
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**Cost of Goods Sold**

Products Purchased \$ _____	Beginning Inventory \$ _____
Materials & Supplies \$ _____	Ending Inventory \$ _____
Contract Labor \$ _____	

**Expenses** (Please attach a list of any other expenses not listed)

Accounting	\$	Malpractice Insurance	\$
Advertising	\$	Disability Insurance	\$
Bank Charges	\$	Errors & Omissions Ins.	\$
Business Gifts	\$	Owners Medical Ins.	\$
Business License	\$	Interest	\$
Continued Education	\$	Internet	\$
Delivery & Freight	\$	Janitorial	\$
Dues & Subscriptions	\$	Job Materials	\$
Employee Benefits	\$	Laundry & Cleaning	\$
Equipment Rental	\$	Legal & Professional	\$
Incentives & Rewards	\$	Meals	\$
Liability Insurance	\$	Merchant Fees	\$
Outside Services	\$	Office Expense	\$
Payroll Taxes	\$	Parking & Tolls	\$
Officer Gross Wages	\$	Pension & Profit Sharing	\$
Product Purchases	\$	Employee Gross Wages	\$
Printing	\$	Postage	\$
Repairs	\$	Rent for Office Space	\$
Sales/Presentations	\$	Storage	\$
Small Tolls	\$	Security	\$
Telephone	\$	Supplies	\$
Uniforms	\$	Travel	\$
Workers Comp	\$	Utilities	\$

Did you purchase any new assets over \$500? If so, please provide us with the purchase date, description, and purchase price or purchase agreement.