

# GURIN & GURIN

## 2017 BUSINESS CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.  
Please provide documents to substantiate all items of income, deductions and/or credits.

\*\*\* ATTN: NEW CLIENTS \*\*\*

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS

Business Name \_\_\_\_\_ EIN: \_\_\_\_\_

c/o Name \_\_\_\_\_ c/o Name \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Activity \_\_\_\_\_ Product/Service \_\_\_\_\_

Accounting Method  Cash  Accrual  Other Inventory Method  Cost  Lower of cost/mkt  Other

Was an election be to taxed as a Subchapter "S" corporation made?  Yes  No If "yes," provide effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did the corporation or partnership make any payments in 2017 that would require it to file Form(s) 1099?  Yes  No

*Information used, in part, to complete Corporate Minutes.*

*For more information, visit [www.gurin-gurin.com](http://www.gurin-gurin.com) & complete Corporate Minutes Questionnaire.*

### OFFICER(S)

### BOARD OF DIRECTORS

#### PRESIDENT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

#### VICE PRESIDENT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

#### TREASURER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

#### SECRETARY

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

**2017 CORPORATION/PARTNERSHIP INCOME & EXPENSES**

**REVENUE**

**COST OF GOODS SOLD**

Merchant Card & Third Party Payments (from Form 1099-K)	\$	Beginning Inventory as of 01/01/2017 (At Cost)	\$
Gross Receipts Not Included Above	\$	Merchandise Purchased	\$
Returns & Allowances	\$	<b>Materials &amp; Supplies UNDER \$200 (per item)</b>	\$
Dividends	\$	<b>Materials &amp; Supplies OVER \$200 (per item)</b>	\$
Interest	\$	Cost of Labor	\$
Gross Rents	\$	Officer(s) Compensation	\$
Gross Royalties	\$	Other Costs: _____	\$
Other Income	\$	Ending Inventory as of 12/31/2017 (At Cost)	\$

**EXPENSES**

Accounting Fees	\$	Rent	\$
Advertising	\$	<b>Repairs &amp; Maintenance UNDER \$500 (per item)</b>	\$
Bank Service Charges	\$	<b>Repairs &amp; Maintenance OVER \$500 (per item)</b>	\$
Cleaning	\$	<b>Small Tools &amp; Equipment UNDER \$500 (per item)</b>	\$
Commissions	\$	<b>Small Tools &amp; Equipment OVER \$500 (per item)</b>	\$
Dues & Publications	\$	Software Purchases	\$
Entertainment	\$	Taxes - FUTA (include Form 940)	\$
Gifts & Promotions	\$	Taxes - SUTA (include 1st-4th Qtr '17 State Unemployment Forms)	\$
Insurance - Auto	\$	Taxes - Medicare (include 1st-4th Qtr '17 Forms 941)	\$
<b>Insurance - Health (Officer Only)</b>	\$	Taxes - Social Security (include 1st-4th Qtr '17 Forms 941)	\$
Insurance - Health (Other)	\$	Taxes - Personal Property	\$
Insurance - Other	\$	Taxes - Real Estate	\$
Internet Fees	\$	Taxes - Sales	\$
Interest Expense	\$	Telephone Expense	\$
Legal Fees* (See Below)	\$	Travel Expense	\$
License & Fees	\$	Utilities	\$
Linen	\$	Other: _____	\$
Meals	\$	_____	\$
Office Expense	\$	_____	\$
Postage & Freight	\$	_____	\$
Printing	\$	_____	\$

**AUTO**

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Date Placed in Service	/ /	/ /	/ /	/ /
Mileage:				
- Total Miles (driven in 2017)	#	#	#	#
- Business Miles (driven in 2017)	#	#	#	#
Actual Expenses:				
Base Price-Trade In+Sales Tax	\$	\$	\$	\$
Car Wash	\$	\$	\$	\$
Gasoline	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Lease Payments	\$	\$	\$	\$
Oil Changes	\$	\$	\$	\$
Parking Fees/Tolls	\$	\$	\$	\$
Registration	\$	\$	\$	\$
Repairs & Maintenance	\$	\$	\$	\$
Tires	\$	\$	\$	\$

**\*IF YOU PAID AN ATTORNEY ANY MONEY IN 2017, YOU MUST ISSUE 1099\***

Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2017 CORPORATION/PARTNERSHIP BALANCE SHEET**

**BANK BALANCE(S)**

*(Check with financial institution, if necessary)*

Account Name: _____	Account Name: _____
Type of Account: _____	Type of Account: _____
Balance as of 01/01/2017: \$ _____	Balance as of 01/01/2017: \$ _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____

  

Account Name: _____	Account Name: _____
Type of Account: _____	Type of Account: _____
Balance as of 01/01/2017: \$ _____	Balance as of 01/01/2017: \$ _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____

**BUSINESS LOAN BALANCE(S)**

*(Check with financial institution, if necessary)*

Type of Loan: _____	Type of Loan: _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____
Interest Paid in 2017: \$ _____	Interest Paid in 2017: \$ _____

  

Type of Loan: _____	Type of Loan: _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____
Interest Paid in 2017: \$ _____	Interest Paid in 2017: \$ _____

**ACCOUNTS RECEIVABLE**

Trade Notes & Accounts Receivable Balance as of 12/31/2017 \$ _____	Allowance for Bad Debts ( \$ _____ )
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**AUTO LOAN BALANCE(S)**

*(Check with financial institution, if necessary)*

Type of Loan: _____	Type of Loan: _____
Type of Loan: \$ _____	Type of Loan: \$ _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____

  

Type of Loan: _____	Type of Loan: _____
Type of Loan: \$ _____	Type of Loan: \$ _____
Balance as of 12/31/2017: \$ _____	Balance as of 12/31/2017: \$ _____

**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. / /	_____	\$ _____

\*\*\*NEW ASSET PURCHASES\*\*\*

(NEEDED FOR PPT - DUE 01/31/2017)

**2017 ESTIMATED TAX PAYMENTS**

DATE	DESCRIPTION	COST	FEDERAL	CIT
1. / /	_____	\$ _____	1st Qtr (04/18/2017) \$ _____	\$ _____
2. / /	_____	\$ _____	2nd Qtr (06/15/2017) \$ _____	\$ _____
3. / /	_____	\$ _____	3rd Qtr (09/15/2017) \$ _____	\$ _____
4. / /	_____	\$ _____	4th Qtr (01/17/2018) \$ _____	\$ _____
5. / /	_____	\$ _____	2016 overpayment applied to 2017 \$ _____	\$ _____

