

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

PLEA	SE PROVIDE A	COPY OF YO		NEW CLIENTS *** R'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 tax	ed as a Subchapt	er "S" corporation	n made?	Yes • No If "ye	s," provide effective date: ////
Did the corporation or pa	rtnership make an	v pavments in 20	18 that would regu	ire it to file Form(s) 1099?	☐ Yes ☐ No
PRESIDENT NAME: ADDRESS: CITY/STATE/ZIP:	OFFICER			NAME: ADDRESS:	BOARD OF DIRECTORS
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:	

		ATION/F	ARTNERSHIP INC	COST OF GOODS SOLD		
	VENUE	¢	Deginning Inventor		\$	
Merchant Card & Third Party Payments (fro	om Form 1099-K)	\$		Beginning Inventory as of 01/01/2018 (At Cost)		
Gross Receipts Not Included Above		\$		Merchandise Purchased		
Returns & Allowances		\$	\$ Materials & Supplies UNDER \$200 (per item)		\$	
Dividends		\$	\$ Materials & Supplies OVER \$200 (per item)		\$	
Interest		\$	Cost of Labor		\$	
Gross Rents		\$		Officer(s) Compensation		
Gross Royalties		\$	Other Costs:			
Other Income		\$		s of 12/31/2018 (At Cost)	\$	
			EXPENSES			
Accounting Fees		\$	<del></del>	nance UNDER \$500 (per item)	\$	
Advertising	\$	-	Repairs & Maintenance OVER \$500 (per item)			
Bank Service Charges	\$	Small Tools & Equ	\$			
Cleaning		\$	Small Tools & Equ	\$		
Commissions	\$	Software Purchase	\$			
Dues & Publications	\$	Taxes - FUTA (inclu	\$			
Gifts & Promotions		\$	Taxes - SUTA (incl	\$		
Insurance - Auto		\$	Taxes - Medicare (i	Taxes - Medicare (include 1st-4th Qtr '17 Forms 941)		
Insurance - Health (Officer Only)		\$	Taxes - Social Seci	\$		
Insurance - Health (Other)		\$	Taxes - Personal Property		\$	
Insurance - Other		\$	Taxes - Real Estate		\$	
Internet Fees		\$	\$ Taxes - Sales		\$	
Interest Expense		\$	Telephone Expense	Telephone Expense		
Legal Fees* (See Below)		\$	Travel Expense		\$	
License & Fees		\$	Utilities		\$	
Linen		\$	Other:			
Meals		\$			\$	
Office Expense		\$		_	\$	
Postage & Freight		\$			\$	
Printing		\$			\$	
Rent		\$	_		\$	
			AUTO			
	VEHICLE	1	VEHICLE 2	VEHICLE 3	VEHICLE 4	
Date Placed in Service	1 1		1 1	1 1	1 1	
Mileage:						
- Total Miles (driven in 2018)	#		#	#	#	
- Business Miles (driven in 2018)	#	,	#	#	#	
Actual Expenses:		,				
Base Price-Trade In+Sales Tax	\$		\$	\$	\$	
Car Wash	\$	,	\$	\$	\$	
Gasoline	\$		\$	\$	\$	
Insurance	\$		\$	\$	\$	
Interest	\$		\$	\$	\$	
Lease Payments	\$		\$	\$	\$	
Oil Changes	\$		\$	\$	\$	
Parking Fees/Tolls	\$		\$	\$	\$	
Registration	<del>*</del>		\$	<u>*</u> \$	\$	
Repairs & Maintenance	\$		\$	\$	\$	
Tires	<u>*</u>		\$	<u>*</u>	\$	
	OLI PAID AN AT	TORNEY	ANY MONEY IN 2019	8, YOU MUST ISSUE 1099*	¥	
Name:			THE PROPERTY OF THE PARTY OF TH	SSN/EIN:		
Address 1:			Address 2:	JOIN/LIIV.		
			State:	Zip:		
City:			ડાતાર.	<i>Δ</i> ιμ.		

2018		RTNERSHIP BALANCE S BALANCE(S)	SHEET		
		al institution, if necessary)			
Account Name:	(	Account Name:			
Type of Account:		Type of Account:			
Balance as of 01/01/2018:	\$	Balance as of 01/01/2018:		\$	
Balance as of 12/31/2018:	\$	Balance as of 12/31/2018:	\$		
Account Name:		Account Name:			
Type of Account:		Type of Account:			
Balance as of 01/01/2018:	\$	Balance as of 01/01/2018:		\$	
Balance as of 12/31/2018:	\$	Balance as of 12/31/2018:	\$		
	BUSINESS LO	DAN BALANCE(S)			
	(Check with financi	al institution, if necessary)			
Type of Loan:		Type of Loan:			
Balance as of 12/31/2018:	\$	\$ Balance as of 12/31/2018:		\$	
Interest Paid in 2018:	\$	Interest Paid in 2018:	\$		
Type of Loan:		Type of Loan:			
Balance as of 12/31/2018:	\$			\$	
Interest Paid in 2018:	\$	Interest Paid in 2018:	\$		
	ACCOUNT	S RECEIVABLE			
Trade Notes & Accounts Receivable Balance as of 1	2/31/2018 \$	Allowance for Bad Debts		(\$)	
		an balance(s)			
	(Check with financia	al institution, if necessary)			
Type of Loan:		Type of Loan:			
Type of Loan:	\$	Type of Loan:	\$		
Balance as of 12/31/2018:	\$	Balance as of 12/31/2018:		\$	
Type of Loan:		Type of Loan:			
Type of Loan:	\$	Type of Loan:	\$		
Balance as of 12/31/2018:	\$	Balance as of 12/31/2018:		\$	
LOAN(S) TO CO			AREHOLDER(S)/PAP		
DATE NAME	AMOUNT		NAME	AMOUNT	
1. / /	\$	1. / /		<u> </u>	
2. 1 1	<u>\$</u>	2. / /		<u>\$</u>	
3. / /	<u> </u>	3. / /			
5. / /	<u>\$</u>	4. / /		<del>\$</del>	
LOAN PAYBACK TO SHAREHO	I DED(C)/DADTNIED(C)	5. / /	YBACK TO COMPA	+	
DATE NAME	AMOUNT	DATE	NAME	AMOUNT	
1 / /	\$	1. / /	IVAIVIL	\$	
2 1 1	 \$	2. / /		<u> </u>	
3 / /	 \$	3. / /			
4. / /	 \$	4. / /		<u> </u>	
5. / /	<u> </u>	5. / /		<u> </u>	
***NEW ASSET PUR		2010 EGT			
(NEEDED FOR PPT - DU	<u> </u>	2018 ESTIN	MATED TAX PAYME		
DATE DESCRIPTI		1-1-04- (04/47/0040)	FEDERAL		
1. / /	<u>\$</u>	1st Qtr (04/17/2018)	\$	<u>\$</u>	
2 1 1	<u> </u>	2nd Qtr (06/15/2018) 3rd Qtr (09/17/2018)	<u></u>	<u> </u>	
J. / / / / / / / / / / / / / / / / / / /	<u> </u>	4th Qtr (01/15/2018)	ф ¢	<u> </u>	
5. / /		2017 overpayment applied to 2018	<u>Ψ</u> \$		
_ =: · · · · · · · · · · · · · · · · · ·	Ψ	to to payon applied to 2010	Ψ	₹	

## **NOTES** Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.