



BUSINESS INFORMATION

Principal business or profession: _____

Fictitious Business Name (DBA): _____

Street (if different from home address): _____

City _____ State _____ Zip Code _____

Was your business address the same as your home address? Yes No

Federal Employer ID No. _____ - _____ Social Sec. No. _____ - _____

CA Secretary of State File No. _____ Date Started _____

Y: Yes N: No U: Unknown

CALIFORNIA SMLLC Y N U

Other than CA, list any state requiring a tax return for this business:			
Is this business incorporated in California as a SMLLC (Single member LLC)?			
Is your SMLLC current and in active status with California Secretary of State?			
Have you paid the annual FTB tax (\$800) and other LLC fees for 2020?			

GENERAL Y N U

Were you still in business at the end of 2020?			
Was the primary purpose of the business activity to realize a profit?			
Did you materially participate in the operation of this business?			
Has the business reported any losses in prior years?			
Does your business use the cash method of accounting for tax purposes?			
Does the business file under a calendar year (ending 12/31)?			

ADDITIONAL REPORTING Y N U

Did you pay any family members for services?			
Did you make payments of \$600 or more to subcontractors, attorneys, etc.? If YES, did you or will you be filing the required Form(s) 1099?			
Did you have any employees?			

BOOKS & RECORDS Y N U

Did you maintain separate bank and credit card accounts for your business?			
Was bookkeeping software (e.g. QuickBooks) utilized in your business?			

COVID-19 RELATED Y N U

Did you receive an EID Loan or Emergency Advance from the SBA?			
Did you delay payment of employer payroll taxes due to COVID-19?			
Were you eligible to receive a tax credit for sick leave due to COVID-19?			
Did you receive a tax credit for paid family leave due to COVID-19?			
Did you receive a payroll tax credit for a business suspension or slowdown?			



BUSINESS INCOME	
Gross receipts or sales	\$
Sales tax collected (if not included above in Gross Receipts or Sales)	\$
Return and allowances (subtract)	\$
Gross other income	\$
TOTAL BUSINESS INCOME	\$

COST OF GOODS SOLD (COGS)	
1 Inventory at beginning of year (last year's closing inventory)	\$
2 Purchases (Not including cost of items for personal use)	\$
3 Cost of Labor (Not including amounts paid to yourself)	\$
4 Materials and supplies	\$
5 Other costs	\$
6 Inventory at end of year	\$
Cost of goods sold (subtract line 6 from the sum of lines 1-5)	\$

EXPENSES			
Advertising	\$	Rent/Lease (Not office)	\$
Commissions and fees	\$	Repairs/Maintenance	\$
Contract labor (1099)	\$	Software/computer	\$
Employee benefits	\$	Supplies (Not in COGS)	\$
Insurance (not health)	\$	Taxes and licenses	\$
Interest paid	\$	Travel (Not meals)	\$
Legal/Professional	\$	Meals (Overnight travel)	\$
Office Expenses	\$	Deductible meals	\$
Pension/Profit plans	\$	Employee wages	\$
OFFICE EXPENSE (Not home office; see next page)			
Office rent paid	\$	Repairs/Maintenance	\$
Office utilities	\$	Janitorial/Cleaning	\$
OTHER EXPENSES (provide type and amount)			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL EXPENSES			\$

FOR REFERENCE (List of potential OTHER EXPENSES)

- | | | | |
|--------------------------|------------------------------|-----------------------------|----------------------------|
| Accounting/Bookkeeping | Contract labor (outside USA) | Gifts to customers | Promotional & sales events |
| Bank Charges | Cost of Collections (A/R) | Gifts to vendors | Recruitment (labor) |
| Business Meetings/Events | Delivery/Freight | Payroll processing services | Tools/Uniforms |
| Cellular/Data plans | Dues/Subscriptions | Permits & fees | Uniform/Laundry |
| Consulting Fees | Education/Training | Postage/Shipping | Website/Domain/Hosting |

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HOME OFFICE

Do you have a home office?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Home office - Total sq. ft.	
Use the simplified method?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Entire home - Total sq. ft.	

Electing the simplified method? If yes, providing expenses is optional but may result in a greater tax benefit.

Rent paid	\$	Mortgage interest	\$
Utilities paid	\$	Real estate taxes	\$
Insurance	\$	Repairs	\$
Cleaning/Maintenance	\$	HOA Dues	\$

List any other home office expenses here:

	\$		\$
	\$		\$

TOTAL HOME EXPENSES \$

CAR & TRUCK EXPENSES

Make and model of car		Date car placed into service	
Beginning of year odometer		Gas/oil	\$
Ending of year odometer		Insurance	\$
Business mileage (deductible)		Parking fees/tolls	\$
Commuting mileage		Registration/fees	\$
Other mileage		Repairs/Maintenance	\$

Was the car available for personal use during off-duty hours Yes No
 Do you (or your spouse) have any other cars for personal use Yes No
 Do you have evidence? Yes No Is your evidence written? Yes No

ASSETS PURCHASED (Depreciable)

	\$	Date		New?	
	\$	Date		New?	
	\$	Date		New?	
	\$	Date		New?	

ASSETS SOLD (Depreciated or amortized)

Asset #1		Date asset taken out of service	
Date sold		Selling price: \$	Trade-in? <input type="checkbox"/>
Asset #2		Date asset taken out of service	
Date sold		Selling price: \$	Trade-in? <input type="checkbox"/>

ADDITIONAL INFORMATION