



YOUR INFORMATION

Name (First, Mi, Last)
First M.I. Last

Social Security No. (or ITIN) Email

BUSINESS INFORMATION

First year doing business? Yes No If yes, date business started:

Final year doing business? Yes No If yes, date business ended:

Fictitious Business Name (dba as)

Principal business or profession:

Street Address (home or office):

City State Zip Code

Federal Employer ID No. State(s) tax filing required:

CALIFORNIA SMLLC

Y N U

Is this business a Single Member LLC (Disregarded Entity)

Secretary of State File No.

BUSINESS INCOME

How many customers did you serve? Less than 5 5 or more

Select all forms of payment offered or used by customers:

Cash Paypal Venmo Other Virtual Currency

Checks Zelle Bitcoin or Cryptocurrency

Payment Merchant Stripe Other

Tax documents and statements to provide: 1099-NEC 1099-K 1099-MISC

Annual Account Statement (Jan 1 - Dec 31):

Paypal Zelle Stripe Venmo



| | | |
|---|-----|----|
| Gross receipts or sales (100% of all payment methods) | (+) | \$ |
| Other Income (Provide details) : | (+) | \$ |
| Other Income (Provide details) : | (+) | \$ |
| TOTAL BUSINESS INCOME | | \$ |

| | | |
|-----------------------|-----|----|
| Customer cash refunds | (-) | \$ |
|-----------------------|-----|----|

RECORDKEEPING

Are the businesses finances kept separate from your personal finances? Yes No

List all bank and credit card accounts used in business:

| Financial Institution | Type of Account | Account No. ****1234 |
|-----------------------|-----------------|----------------------|
| | | |
| | | |
| | | |

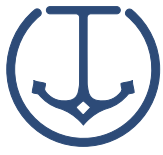
Bookkeeping used in the business: Handwritten Ledger Excel QuickBooks
 Paid Bookkeeper QuickBooks Online Other Software:

ASSETS

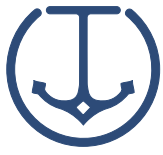
| DESCRIPTION OF PURCHASE | DATE | New | Used | TOTAL COST |
|-------------------------|------|-----|------|------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

MERCHANDISE INVENTORY

| | |
|---|----|
| Beginning Inventory (as of January 1) (last year's closing inventory) | \$ |
| Purchases (Not including cost of items for personal use) | \$ |
| Ending Inventory (as of December 31) | \$ |



| EXPENSES | | | |
|-----------------------------|----|-----------------------------------|----|
| Accounting/Bookkeeping | \$ | Payroll processing fees | \$ |
| Advertising | \$ | Permits and fees | \$ |
| Bank charges | \$ | Postage and shipping | \$ |
| Cell phone and data plan | \$ | Printing/Copies | \$ |
| Commission paid | \$ | Recruitment costs | \$ |
| Computer/Technology | \$ | Repairs and maintenance | \$ |
| Consulting | \$ | Salaries/Employee Wages | \$ |
| Dues and subscriptions | \$ | Selling expenses | \$ |
| Education and training | \$ | Software - Cloud Subscriptions | \$ |
| Equipment rentals | \$ | Software - Computer Download | \$ |
| Gifts to vendors | \$ | Supplies: Back-Office | \$ |
| Gifts to customers | \$ | Taxes/Licenses | \$ |
| Contractors (U.S. services) | \$ | Tools and trade supplies | \$ |
| Contractors (outside U.S.) | \$ | Travel: Hotels/Lodging | \$ |
| Insurance: General | \$ | Travel: Airfare | \$ |
| Insurance: Liability/E&O | \$ | Travel: Meals | \$ |
| Insurance - Workers' Comp. | \$ | Travel: Taxi/Rideshare/Car Rental | \$ |
| Interest expense | \$ | Website/Online Store | \$ |
| Internet/Wi-Fi | \$ | OTHER ITEMIZED EXPENSES: | |
| Legal and professional | \$ | | \$ |
| Marketing/Promotion | \$ | | \$ |
| Meals @ 50% limit | \$ | | \$ |
| Meetings | \$ | | \$ |
| Office/Coworking space | \$ | | \$ |
| Payment processing fees | \$ | | \$ |



STANDARD VEHICLE MILEAGE

| | | | | |
|--------------------|--|--------------------|--|--|
| Year | | Business Miles | | If asked, could you provide written evidence (travel log) to prove business miles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Make | | Other | | |
| Model | | Total Mileage | | |
| Odometer Readings: | | Beginning mileage: | | Ending mileage: |

COMMERCIAL OFFICE

| | | | | |
|------------------|----|-----------------------|----|-----------------------|
| Office rent paid | \$ | Office insurance | \$ | Other office expenses |
| Office utilities | \$ | Repairs & Maintenance | \$ | Details: |
| Janitorial | \$ | Décor/Supplies | \$ | \$ |

HOME OFFICE

| | | | |
|--------------------------------------|----|--|----|
| Sq. ft. of total living space | | My home changed during the year? | |
| Sq. ft. of office in home (business) | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date Moved? | |
| Rent or lease payments | \$ | Utilities | \$ |
| Mortgage interest paid | \$ | Insurance | \$ |
| Real estate taxes paid | \$ | Internet | \$ |

ABOVE-THE-LINE ADJUSTMENTS

| | | | |
|---------------------------|----|-----------------|----|
| Health insurance premiums | \$ | Traditional IRA | \$ |
| Dental insurance premiums | \$ | SEP/Simple IRA | \$ |
| 2021 HSA Contributions | \$ | Roth IRA | \$ |

NOTES

Empty box for notes.