



*The path for a better business
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Schedule C (Small Business) and Schedule F (Farming) Checklist

The following (applicable) information is required to prepare your Schedule C and Schedule F returns.

1. Cash receipts (income) and disbursements (expenses) for the year, or back-up disks from your accounting software.
2. Bank statements and cancelled checks for all cash accounts for the last three months of the business year. Keep each statement with the checks that cleared the bank during that month. If you use computerized bookkeeping, also include bank reconciliation reports for the last three months.
3. Loan balances and statements at year-end.
4. Summary of business credit card charges if not itemized in bookkeeping software records or detailed manually. Include a copy of the last month of the fiscal year credit card statements showing year-end balance due on all business credit cards.
5. Copies of all sales tax returns filed for the year (or provide E-Tides log-in information).
6. Copy of payroll tax returns for the year, (if not prepared by our office).
7. Accounts receivable at year-end. Bad debts?
8. Accounts payable at year-end.
9. List of equipment and/or real estate purchased or sold during the year. (Enclose copy of settlement sheet).
10. Inventory at year-end (at close).
11. Were any new loans taken out during the year or did you make a loan to the business? If so, how much?
12. Completed **“Business Operations Questionnaire”**.
13. Completed **“Vehicle Information Questionnaire”**.
14. Completed **“Small Business Health Care Credit Worksheet”**.
15. Do you have any unclaimed property to report to the state of PA? Yes No

There is an annual filing requirement whether or not you have unclaimed property. Would you like Stortz & Associates to prepare the required forms for you? Yes No
16. Additional information that you feel we should be aware of.
17. Your signed engagement letter.

BUSINESS OPERATIONS QUESTIONNAIRE

Client Name: _____ Date: _____

Name of Business: _____

Email Address: _____

Completed by: _____ Signature: _____

1. Describe the industries in which the company operates, please explain in detail below:

2. Describe the company's production process, please explain in detail below:

3. List each location maintained by the company and the nature of the activity carried on at each, e.g., plant, sales office, executive offices, etc.:

4. Do you operate your business within PA only? Yes No

If yes, are you doing business in any NEW PA localities, have you registered for Business Privilege Tax, if applicable?

If no, what other states are you operating/conducting business in? What services are you providing in those states?

Have you applied for the other states' required registrations and licenses? Yes No

5. Do you have employees working in other states besides PA? Yes No

If yes, what states?

6. Do you have any internet sales? Yes No

If yes, are you billing and collecting sales tax on these transactions? Yes No

7. Do you buy goods on-line or from out of state vendors? Yes No

If yes, you may be required to pay PA use tax.



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VEHICLE INFORMATION QUESTIONNAIRE

Client Name: _____

Year End: _____

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>	<u>Vehicle 4</u>
Year	_____	_____	_____	_____
Model	_____	_____	_____	_____
Owned or Leased	_____	_____	_____	_____
Cost	_____	_____	_____	_____
Beginning of year odometer reading	_____	_____	_____	_____
End of year odometer reading	_____	_____	_____	_____
Business mileage (1/1/11 – 6/30/11)	_____	_____	_____	_____
Business mileage (7/31/11 – 12/31/11)	_____	_____	_____	_____
Commuting mileage (1/1/11 – 6/30/11)	_____	_____	_____	_____
Commuting mileage (7/1/11 – 12/31/11)	_____	_____	_____	_____
Other personal mileage	_____	_____	_____	_____
Total miles for year	_____	_____	_____	_____
Was fuel paid for by the business?	_____	_____	_____	_____
Was vehicle available for personal use? (Y or N)	_____	_____	_____	_____
Is another vehicle available for personal use? (Y or N)	_____	_____	_____	_____
Is the user a 5% or more owner or officer? (Y or N)	_____	_____	_____	_____
Do you have evidence to support business use? (Y or N)	_____	_____	_____	_____
Is it written? (Y or N)	_____	_____	_____	_____
Do you maintain a policy that prohibits personal use except commuting? (Y or N)	_____	_____	_____	_____
Amount of additional income reported on employee's W-2 for personal use	_____	_____	_____	_____

I have maintained contemporaneous mileage logs to substantiate my business & personal usage of these vehicles.

Signed _____ Title _____ Date _____



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Small Business Health Care Tax Credit Worksheet

What is the amount of Health Insurance that can qualify for the credit?

How much were the total premiums paid to your insurance company for the year?*

Please provide copies of your health insurance bills for 2011

Total amounts of premiums paid for my employees during 2011

*(Do NOT include premiums paid for Sole Proprietor, Partner in Partnership, 2% or greater Shareholder in S Corporation, 5% or greater owner of another business, or family or household members of any of the previous)

EMPLOYEES (Not counting owners and family members)

How many full time employees (2080 hours or more per year)

Total Hours worked by full time employees?

How many part time employees (less than 2080 hours per year)

Total Hours worked by part time employees?

WAGES (Not counting owners and family members)

Total Wages paid to employees counted above

In order for us to calculate your credit you must complete this worksheet and forward copies of your 2011 Health Insurance bills to our office. Contact our office with any questions regarding this credit.A1