

Quantified Bookkeeping & Tax

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Business Tax Return Worksheet

For partnerships, corporations, and non-profits. If you have access to or are able to provide Profit & Loss and Balance Sheet statements, please do so. If you are using income and expense spreadsheets, please provide these, as well. Note: the IRS requires all reported information you state below to be backed-up by written, printed, or digital proof (i.e.: receipts, reports, or bills).

Business Name: _____ EIN (if any): _____

_____ - _____ Date of becoming a biz: _____ CA ID: _____

1000 _____ Is this an LLC? yes no

Business Street Address: _____

City: _____ State: _____ Zipcode: _____

What does your business provide/do: _____

Entity type (partnership, corp., etc.): _____

Did you elect to be treated as an S Corp? yes: f2553 filing date: _____

REMINDEES / Want emails from us about due dates or general information? yes, please

Sales tax (Q, M, SA) Estimated tax payments 1099s Annual Tax Returns Workshops

DELIVERABLES / How would you like your copies of the returns? Paper Digital (email)

PARTNERS

List ALL partners, as well as their current address, so we can successfully deliver their Sch K-1s. If you need more room, you may attach an additional sheet.

Check here if all partners' shares of profit/loss/capital are equal.

Make this partner the recipient for all tax return forms to be signed

Partner Name: _____

SSN: _____ Phone number: _____ Email: _____

Current Street Address: _____

City: _____ State: _____ Zipcode: _____

Share percentage: Profit _____% Loss _____% Capital _____%

Contributions during the year: \$ _____ Distributions: \$ _____

Make this partner the recipient for all tax return forms to be signed

Partner Name: _____

SSN: _____ Phone number: _____ Email: _____

Current Street Address: _____

City: _____ State: _____ Zipcode: _____

Share percentage: Profit _____% Loss _____% Capital _____%

Contributions during the year: \$ _____ Distributions: \$ _____

INCOME

Gross receipts, money received, sales, services, grants, etc.: \$ _____ (Total amount should include amounts received on 1099s)

Opening Bank Balance: \$ _____ Ending Bank Balance: \$ _____

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EXPENSES

Accounting: \$ _____ Advertising and marketing: \$ _____

Bank charges: \$ _____ Computer expense: \$ _____

Delivery and freight: \$ _____ Postage: \$ _____

Entertainment and promotion: \$ _____

Health Insurance: \$ _____

Hosting expense: \$ _____ Janitor/cleaning expense: \$ _____

Dues/subscriptions: \$ _____ Licenses/permits: \$ _____

Insurance: \$ _____ Legal, accounting, professional fees: \$ _____

Laundry fees: \$ _____

Meals: \$ _____ Parking/tolls: \$ _____

Travel: \$ _____ Training/seminars: \$ _____

Office expense: \$ _____

Printing: \$ _____ Payroll expense: \$ _____

Merchant fees: \$ _____

Point of Sale system fees: \$ _____

Rent (Office/studio): \$ _____ Vehicle Rental: \$ _____

Shop expense: \$ _____ Shop supplies: \$ _____

Styling expense: \$ _____

Taxes: \$ _____

Small tools and equipment: \$ _____

Security: \$ _____ Telephone: \$ _____

Internet: \$ _____ Utilities: \$ _____

Subcontractors: \$ _____

+ If you've paid any one person ≥\$600 in 2017, you are required to send them a 1099 Did you send any 1099s? yes no

Job Materials: \$ _____

- Other (specify): _____ = \$ _____
- Other (specify): _____ = \$ _____
- Other (specify): _____ = \$ _____
- Other (specify): _____ = \$ _____

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LARGE PURCHASES (ASSETS)

Any large purchase is one that is **greater than \$1,000 and has a life span beyond a single year**. This includes, but not limited to, property, large renovations, repairs, and appliances.

Item	Date of Purchase	Cost
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____

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VEHICLE / MILEAGE METHOD

Business miles: _____

Date the vehicle was placed into business use: _____

Is this vehicle dedicated to business use only? Yes No

Is there another vehicle in your household? Yes No

OR:

VEHICLE / ACTUAL EXPENSE METHOD *(You don't have to record these if using mileage method)*

Business miles: _____ Personal miles: _____

Vehicle purchase price: \$ _____ Date of purchase/biz use: _____ Vehicle

description/name: _____

Repairs and maintenance: \$ _____

Gas and oil: \$ _____ Insurance: \$ _____

Tires: \$ _____ Tolls: \$ _____

Registration and licenses: \$ _____

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DON'T FORGET / 📌 If you sell physical goods within and to persons or places in CA, you should be collecting, reporting and remitting sales tax.