

Business Tax Checklist

Name/ Position: _____

Date: _____

Please ensure all information is complete and relates to the period necessary 1st July ____ to 30th June ____

Items	Details	Attach	NIA
INCOME			
	Returns and allowances	<input type="checkbox"/>	<input type="checkbox"/>
	Business savings account interest	<input type="checkbox"/>	<input type="checkbox"/>
	Gross receipts from sales or services	<input type="checkbox"/>	<input type="checkbox"/>
	Other income	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Goods Sold (if applicable)			
	Inventory	<input type="checkbox"/>	<input type="checkbox"/>
	Beginning inventory total	<input type="checkbox"/>	<input type="checkbox"/>
	Inventory purchases	<input type="checkbox"/>	<input type="checkbox"/>
	Ending inventory total	<input type="checkbox"/>	<input type="checkbox"/>
	Items removed for personal purposes	<input type="checkbox"/>	<input type="checkbox"/>
	Materials & Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Expenses			
	Advertising	<input type="checkbox"/>	<input type="checkbox"/>
	Phones (landline, fax or cell phones related to business)	<input type="checkbox"/>	<input type="checkbox"/>
	Computer & internet expenses	<input type="checkbox"/>	<input type="checkbox"/>
	Transportation and travel expenses	<input type="checkbox"/>	<input type="checkbox"/>
	Local transportation	<input type="checkbox"/>	<input type="checkbox"/>
	Business trip (mileage) log	<input type="checkbox"/>	<input type="checkbox"/>
	Contemporaneous log or receipts for public transportation, parking, and tolls	<input type="checkbox"/>	<input type="checkbox"/>
	Travel away from home	<input type="checkbox"/>	<input type="checkbox"/>
	Airfare or mileage/actual expense if drove	<input type="checkbox"/>	<input type="checkbox"/>
	Hotel	<input type="checkbox"/>	<input type="checkbox"/>
	Meals, tips	<input type="checkbox"/>	<input type="checkbox"/>
	Taxi, tips	<input type="checkbox"/>	<input type="checkbox"/>
	Internet connection (hotel, Internet café etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

Depreciation	<input type="checkbox"/>	<input type="checkbox"/>
Cost and first date of business use of assets	<input type="checkbox"/>	<input type="checkbox"/>
Sales price and disposition date of any assets sold	<input type="checkbox"/>	<input type="checkbox"/>
Business insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Interest expense	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage interest on building owned by business	<input type="checkbox"/>	<input type="checkbox"/>
Business loan interest	<input type="checkbox"/>	<input type="checkbox"/>
Investment expense and interest	<input type="checkbox"/>	<input type="checkbox"/>
Professional fees	<input type="checkbox"/>	<input type="checkbox"/>
Lawyers, accountants, and consultants	<input type="checkbox"/>	<input type="checkbox"/>
Office supplies	<input type="checkbox"/>	<input type="checkbox"/>
Pens, paper, staples, and other consumables	<input type="checkbox"/>	<input type="checkbox"/>
Rent expense	<input type="checkbox"/>	<input type="checkbox"/>
Office space rent	<input type="checkbox"/>	<input type="checkbox"/>
Business-use vehicle lease expense	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Office-in-home	<input type="checkbox"/>	<input type="checkbox"/>
Square footage of office space	<input type="checkbox"/>	<input type="checkbox"/>
Total square footage of home	<input type="checkbox"/>	<input type="checkbox"/>
Hours of use, if operating an in home daycare	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage interest or rent paid	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or renters' insurance	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>
Cost of home, separate improvements and first date of business use	<input type="checkbox"/>	<input type="checkbox"/>
Wages paid to employees	<input type="checkbox"/>	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	<input type="checkbox"/>
Other expenses	<input type="checkbox"/>	<input type="checkbox"/>
Repairs, maintenance of office facility, etc	<input type="checkbox"/>	<input type="checkbox"/>
Estimated tax payments made	<input type="checkbox"/>	<input type="checkbox"/>
Other business related expenses	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this checklist and include it with the above documentation

As this is not an exhaustive checklist please attach any additional information you feel is relevant with this form.