

Peter Deng & Associates

CPA For Minority Communities

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CORP Business Tax Information Summary

Business Name: _____ Type: _____ Year: _____

Contact: _____ Phone: _____

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A. Total Business Income (Net of Sales Tax)

B. Cost of Goods Sold/Purchase

Beginning Inventory

Purchase

Ending Inventory

Cost of Goods Sold

C. Balance Information

Checking Balance 12/31

Other Assets

Accounts Receivable

Accounts Payable

Total Loan Balance

Owner's Loan to Business

Distributions to Owners for the year

D. Equipment, Furniture, Improvement Additions

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

E. Business Expenses

Amount

	\$
Compensation of Officers	
Other Salary/Wage Expenses	
Repairs & Maintenance	
Bad Debts from Sales or Services	
Rent - Office/Store	
Taxes - Payroll	
Taxes - Other	
Interest Expenses	
Advertising	
Auto Expenses (Mileage)	
Bank Charges	
Business Gifts	
Business Meals	
Charitable Contributions-Business	
Copy & Printing	
Credit Card/Telecheck Fees	
Credit Card Discount Fees	
Dues & Subscriptions	
Equipment Rental	

	\$
Garbage & Cleaning	
Independent Contractor/Temp Help	
Insurance	
License & Permit	
Office Supplies	
Postage & Delivery	
Professional Fees	
Security Expenses	
Store Supplies	
Telephones/Cellular	
Training & Education	
Travel & Lodging	
Utilities	
Other Expenses/NOTES:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
TOTAL EXPENDITURE	

I, the undersigned, understand that tax laws require me to keep records & retain all receipts, cancelled checks, and other evidence to prove income and deductions claimed. I will be responsible for the accuracy of the above information.

Signature & Date _____

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