

Business Name: \_\_\_\_\_

Business Email: \_\_\_\_\_

# 2024 BUSINESS YEAR-END TAX ORGANIZER

**\*\*\* FOR BUSINESSES ONLY \*\*\***

The information requested on this form is **MANDATORY** to close your business books for the year, and will have a direct impact on your income tax return. Be sure that all information is accurate. The information requested is needed for verification of your account balances. It is imperative that we have this signed data sheet prior to completing your business income tax return.

If we may be of any assistance to you when preparing this form, please do not hesitate to call on us (717) 796-7010.

**COMMENTS OR QUESTIONS:**

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**DECLARATION      I HAVE REVIEWED THE INFORMATION GIVEN YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND IT IS READY FOR YOUR PREPARATION OF MY BUSINESS INCOME TAX RETURN.**

**NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE**



Signature \_\_\_\_\_

Date \_\_\_\_\_

## GENERAL INFORMATION

1. Was there any Change In Ownership during the year? If Yes, Item 21 Must Be Completed  Yes  No

2. Did your business mailing Address change this year? If Yes, change on front cover  Yes  No

3. Did you Incorporate your business this year? If Yes, provide date \_\_\_\_\_  Yes  No

4. Actual Cash On Hand in your business? (e.g. cash register, safe, lock box, etc.) \$ \_\_\_\_\_

5. Do you have business investment account(s)? (For example: Money Market, CD's, Stocks, Etc.)  Yes  No  
If Yes, please provide us with a copy of your annual statement or broker statement

6. Were there personal loans from you to the Company this year that have **NOT** been recorded on the Company's books? If Yes, provide the date(s) and amount(s) of Loans:  Yes  No

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

7. Are there additional business expenses you have paid personally and have **NOT** been recorded on the company books? If Yes, please provide us with a written list of expenses  Yes  No

8. Does your company have a Pension Plan?  Yes  No

If Yes, which type?  401(k)  SIMPLE  SEP  Profit-Sharing  Other \_\_\_\_\_

Does your business plan on making a contribution this year?  Yes  No If Yes, the amount or percentage \_\_\_\_\_

If your business does not have a retirement plan but you would like us to contact you to discuss one, check this box

## INVENTORY

10. Inventory Of Merchandise Held For Resale (value at your cost) \$ \_\_\_\_\_

Do not include office or other supplies or equipment to be used in your business

Note: Inventory must be taken at year end and in a manner consistent with method used in previous years.

## NEW LOANS, MORTGAGES & NOTES PAYABLE

11. New Loans, Mortgages and Notes Payable for **amounts borrowed in 2024 ONLY**

(Please provide us the **settlement papers** signed at closing, if not already provided)

New Loans (List Lenders Name)

Refinanced Loans (List Lenders Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CREDIT CARDS & LINES OF CREDIT

12. Credit Cards & Bank Lines of Credit - Please provide all twelve (12) monthly statements, if not already provided.

**Note:** If you are a monthly accounting client, these statements should be mailed to our office each month.

## BUSINESS USE OF PERSONAL VEHICLE

**13. Do you use your personal auto for business purposes?**  Yes  No If, "No" Go to Question 14

(a) Do you have written evidence to support the business use percentage claimed?  Yes  No

*Provide Information Regarding Personally Owned Vehicles*

(b) Vehicle Description (Year, Make, Model)

1. Total business miles driven
2. Total commuting miles (personal use)
3. Total other personal (non-commuting) miles
4. Total miles driven during the year: Add lines 3 to 5.

Vehicle # 1		Vehicle # 2	
	miles		miles
	miles		miles
	miles		miles
	miles		miles
Yes	No	Yes	No

5. Is another vehicle available for personal use?
6. Is the vehicle leased?
7. Was the vehicle used primarily by a more than 5% owner?

## FIXED ASSETS

**14. Have you SOLD or TRADED-IN any equipment, furniture, vehicles during the year?**  Yes  No

If yes, list asset sold and/or traded-in *and* provide the sale/trade-in papers, if not already provided.


**15. Have you PURCHASED or LEASED any equipment, furniture, vehicles during the year?**

Yes  No If yes, list asset purchased and provide purchase and lease documents, if not already provided.


## INSURANCE

**16. Was there LIFE insurance paid through your business?**  Yes  No

If yes, who is beneficiary of the policy? \_\_\_\_\_

What was the premium paid? \$ \_\_\_\_\_ /month or \$ \_\_\_\_\_ /year.

If the Business is the beneficiary, provide the cash surrender value, if applicable \$ \_\_\_\_\_.

**17. Was HEALTH insurance premiums paid for Owners/Partners/Shareholders?**  Yes  No

If yes, for each Owner/Partner/Shareholder, list the premium paid separately.

Name \_\_\_\_\_ \$ \_\_\_\_\_ /month or \$ \_\_\_\_\_ /year

Name \_\_\_\_\_ \$ \_\_\_\_\_ /month or \$ \_\_\_\_\_ /year

**18. Small Employer Health Insurance Credit.** A credit is available to qualified small employers that pay at least 50% of employee health insurance premiums. Premiums paid for the business owner and his family members don't qualify. You must have less than 25 full-time equivalent employees and pay average annual wages less than \$50,000.

If you do not track your Accounts Receivable or Accounts Payable go to Question 21.

## ACCOUNTS RECEIVABLE

IF NOT ALREADY PROVIDED

19. Amounts your Customers owe you at year end (before any bad debt write-offs) \$ \_\_\_\_\_

List of Bad Debts to be written off this year

Customer Name	How old is amount owed?	Dollar Amount
		\$
		\$
		\$
(attach additional list if necessary)		
<b>Subtract Total Bad Debts</b>		\$

(-) \_\_\_\_\_

**Net Accounts Receivable at year end** (Your detail must agree with this total) \$ \_\_\_\_\_

## ACCOUNTS PAYABLE

IF NOT ALREADY PROVIDED

20. Unpaid bills your Business owes at year end

*(Do Not Show Payroll Taxes, Sales Taxes, or Loan Balances Owed Here)*

To Whom Owed?	Description Mdse., Supplies, Utilities, etc.	Account Code	Amount
			\$

(attach additional list if necessary)

**Total Accounts Payable** \$ \_\_\_\_\_

Complete question 21 if there was a change in ownership during the year.

## 21. CHANGE IN SHARE OF OWNERSHIP

Current Title	Name	Date of Change	Beginning of Year		End of Year	
			% Owned	# Shares	% Owned	# Shares