

LETP Small Business Checklist 2021



This form is for *Sole Proprietors or Single-Member LLCs*. Other businesses need to provide a Profit and Loss and a Balance Sheet. The purpose of this form is to compile your data and necessary documentation. Please complete to reduce billable time.

Taxpayer Name: _____ EIN (if not SS): _____

Business Name: _____ Cash Accounting? YES NO

Address, if different from home: _____

When did the business begin operations? _____ In which state? _____

CURRENT?	YES	NO	DON'T KNOW	N/A	If NO, please explain
Federal Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
State Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
State Annual Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Local License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sales Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Earned Income \$ _____
Interest Income \$ _____

Home Office? YES NO
Total SqFt of Home: _____
Total SqFt of Workspace: _____

► EXPENSES

- Advertising _____
- Bank Fees _____
- 1099 Labor _____
- Insurance _____
- Mortgage Interest _____
- Other Interest _____
- Legal _____
- Accounting _____
- Office Supplies _____
- Pension/401(k) _____
- Office Rent _____
- Equipment Rent _____
- Repairs _____
- Maintenance _____
- Supplies _____
- Taxes (Federal) _____
- Taxes (State) _____
- Taxes (Payroll) _____
- Taxes (Sales) _____
- Licenses _____
- Travel Meals _____
- Travel Hotel _____
- Parking _____
- Entertainment _____
- Phone/Internet _____
- Utilities _____
- Wages _____
- Other Expenses _____

VEHICLE MILEAGE?
 Vehicle 1 Type _____
 Total Miles Driven _____
 Business Miles Driven _____

 Vehicle 2 Type _____
 Total Miles Driven _____
 Business Miles Driven _____

COST OF GOODS SOLD: If you maintain inventory or sell goods, we should discuss that individually.

ASSETS: Attach a list of all purchased and sold assets, including dates, cost and income received, if any.