



Adam M. Beaudry, CPA, LLC
Certified Public Accountant

Business Expenses

Gross Income (not on W-2): _____

Advertising & Promotion	_____	Administrative Expense	_____
Client Gifts	_____	Contractor Expense	_____
Employee Gifts	_____	Salaries/Gross Wages	_____
Business Donations	_____	Employer Payroll Taxes Paid	_____
Networking Expense	_____	Employee Benefits Paid	_____
Meals (for staff)	_____	Employer Cont. to Retirement	_____
Meals (business meetings)	_____	Books/Magazines/Publications	_____
Meals (while traveling)	_____	Education/Training Expense	_____
Commissions Paid	_____	Seminars/Workshop Expense	_____
Office Rent	_____	Dues	_____
Office Supplies	_____	Subscriptions	_____
Equipment Rental	_____	Licenses	_____
Tools	_____	Permits	_____
Supplies/Materials	_____	Legal & Professional Fees	_____
Repairs & Maintenance	_____	Tax Services	_____
Cleaning	_____	Liability Insurance	_____
Postage	_____	Workers Comp. Insurance	_____
Post Office Box	_____	Loan Interest Paid	_____
Telephone Expense	_____	Credit Card Interest Paid	_____
Internet Expense	_____	Credit Card Usage Fees	_____
Website Expense	_____	Bank Service Charges	_____
Technology Expense	_____	Travel: Lodging	_____
Printing/Copying	_____	Travel: Transportation	_____
Letterhead/Business Cards	_____		

_____		Beginning Inventory	_____
_____		Ending Inventory	_____

1. Did you receive a stimulus check due to the pandemic in 2020? If so, what was the total amount you (and your spouse) received? _____
2. Have you received any assistance from the Cares Act? (PPP Loan, EIDL Loan, payroll deferral) If so, we will need copies of the loan documents and/or payroll reports showing the deferral)
3. Did you receive a 1095 A health insurance form? Yes or No
4. Did you purchase or sell real estate this year? Yes or No (If yes, please provide us with the HUD)
5. Have you moved in the last 12 months? If so, what is your current address?

6. Were payments made that require filing a 1099 MISC Form? If so, were they filed? (Please provide copies of issued forms.)

Federal Quarterly Tax Payments

	Date	Amount
Payment 1	_____	_____
Payment 2	_____	_____
Payment 3	_____	_____
Payment 4	_____	_____

State Quarterly Tax Payments

	Date	Amount
Payment 1	_____	_____
Payment 2	_____	_____
Payment 3	_____	_____
Payment 4	_____	_____

Office Furniture, Equipment, Improvements, Vehicle Purchases: (Purchases that exceed \$2,500)

Item	Purchase Date	Purchase Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle:

Make _____ Model _____ Year _____

Purchase Price _____ Purchase Date _____

Total Miles _____ Business Miles* _____

**A mileage log should be kept throughout the year to track business mileage.*

Excise Tax	_____	Parking	_____	Registration	_____
Gas	_____	Lease Payments	_____	License	_____
Oil Changes	_____	Repairs	_____	Cleaning	_____
Inspection	_____	Maintenance	_____	Auto Club	_____
Tolls*	_____	Insurance	_____		

**Log into your EZ Pass account to print out a summary of the yearly toll costs.*

Home Office: (A portion of your home that is used solely for business purposes)

Total Square Footage of Home	_____	Labor (not your own)	_____
Total Square Footage of Office	_____	Insurance	_____
		Garbage Removal	_____
<u>DIRECT EXPENSES (benefit only home office)</u>		Cleaning Services	_____
Repairs & Painting	_____	Landscaping	_____
Insurance	_____	Snow Service	_____
Other _____	_____	Condo Fee	_____
		Security System	_____
<u>INDIRECT EXPENSES (benefit entire home)</u>		Rent	_____
Gas & Electricity	_____	Mortgage Interest	_____
Water & Sewage	_____	Mortgage Insurance	_____
Repairs	_____	Real Estate Taxes	_____
Supplies	_____	Other _____	_____
Painting	_____		

Medical and Dental:

Insurance Costs	_____	Prescriptions	_____
Doctor/Dental Visits	_____	Parking/Tolls	_____
Glasses	_____	Medical Miles	_____
Other Medical Costs	_____		

Charitable Contributions:Cash Contributions:

Total Amount Donated: _____ (If more than \$500, please fill out the section below.)

Organization	Date Donated	Amount Donated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Contributions:

Total Amount Donated: _____ (If more than \$500, please fill out the section below.)

Charity	Date	Fair Market Value	Items
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Contributions:

IRA: _____ Roth: _____ SEP: _____

Bank Information:

Name of Bank: _____ Checking or Savings (Circle One)

Routing Number: _____ Account Number: _____

How do you prefer to receive possible refunds: Direct Deposit or Check

How do you prefer to make tax payments that may be due: Direct Withdrawal or Check

(508)926-8040