



TCPA, PLC

CERTIFIED PUBLIC ACCOUNTANTS

General Business Information

(T)axpayer / (J)oint / (S)ponse: (T) - (J) - (S)
 Employer Identification Number: _____
 Business Name: _____
 Business Address: _____

 City, State Zip: _____
 Accounting Method: Cash - Accrual - Other
 If Other: _____
 Inventory method Cost - LCM - Other
 If Other: _____
 Acquired business this year? Yes - No
 Health insurance premiums: \$ _____
 Long-term care premiums: \$ _____
 Statutory employee wages: \$ _____

Income

Gross receipts or sales: \$ _____
 Returns on allowances: \$ _____
 Other Income:
 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____

Cost of Goods Sold

Beginning Inventory: \$ _____
 Purchases: \$ _____
 Labor: \$ _____
 Materials \$ _____
 Other Costs
 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 Ending Inventory: \$ _____

Expenses

Advertising: \$ _____
 Automotive:
 Fuel: \$ _____
 Repairs/Maintenance: \$ _____
 Mileage: _____
 Other: _____ \$ _____
 Commissions/Fees: \$ _____
 Contract Labor: \$ _____
 Employee benefits: \$ _____
 Insurance: \$ _____
 Interest expense: \$ _____
 Legal/Professional fees: \$ _____
 Office expenses: \$ _____
 Postage/Delivery \$ _____
 Printing/Reproduction \$ _____
 Profit sharing: \$ _____
 Rent - equipment \$ _____
 Rent - building \$ _____
 Rent - Other _____: \$ _____
 Repairs/Maintenance : \$ _____
 Supplies: \$ _____
 Taxes/Licenses: \$ _____
 Travel: \$ _____
 Meals/Entertainment: \$ _____
 Utilities: \$ _____
 Telephone: \$ _____
 Wages: \$ _____
 Other expenses: \$ _____
 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____
 5. _____ \$ _____
 6. _____ \$ _____
 7. _____ \$ _____

**** Our work in connection with the preparation of your income tax return does not include any procedures designed to discover defalcations or other irregularities, should they exist. You are responsible to verify and provide accurate numbers. ****

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