

Business Annual Worksheet

Business Name: _____

DBA: _____ EIN: _____

Mailing Address: _____ Physical location if different: _____

Type of business organization: Sole Proprietor, Partnership, S Corporation, C Corporation
Circle one LLC (Sole Proprietor, Partnership, S corporation)

Company Contact Person: _____ Phone: _____

Email for contact: _____

Cares Act Funding

Did you receive any of the following funds in 2020?

PPP \$ _____ Date of Deposit: _____

Forgiveness application completed? _____

EIDL \$ _____ Date of Deposit: _____

Forgiveness application completed? _____

SBA \$ _____ Date of Deposit: _____

Forgiveness application completed? _____

Did you business use any of the following in 2020?
(Please provide 1099's and year-end statements)

On-line Accounts

Did your business use any of the following in 2020?
(Please provide 1099's and year-end statements)

Barter Accounts

Amazon

Etsy

PayPal

Shopify

Square

Others: _____

If you are a bookkeeping client with Byrd Accounting, please provide:

All 12 months of:

Business bank statements
Credit card statements

Barter statements
Sales tax returns

Report 12/31/2020 balances for:

Accounts Receivable: _____

Accounts Payable: _____

Inventory: _____

Bad Debt write off: _____

If you provide your annual numbers to our office, please include:

Income

Gross Receipts Invoice = Total bank deposits + cash earned _____

Returns or discounts _____

Materials, Supplies, Purchases (Cost of goods sold/services) _____

Contract Labor Cost _____

(Be sure if paid greater than \$600, 1099NEC were provided to labor)

Expenses

Advertising		Telephone	
Internet		Travel	
Transportation		Tolls	
Insurance		Tolls	
Liability		Professional Fees	
Workers Comp		Legal	
Errors Omissions		Accountants	
Office Supplies		Consultants	
Repairs		Taxes	
Equipment		Payroll	
Facility		Other	
Wages paid to employees		Rent - Office	
Officer wages			

Other

Vehicle business mileage: _____

Personal use mileage: _____

Health Insurance

Employee _____

Personal _____

Home office, if applicable

Total home square footage _____

Office space square footage _____

Mortgage Interest/Rent _____

Utilities _____

Insurance _____

Repairs and Maintenance _____