

## YEAR-END CHECKLIST

Use this checklist as a guide to assist you in gathering the information at year-end for us to complete your 12/31/2019 business tax returns. **All Quickbooks files must be using Account Numbers.**

- \_\_\_ 1. Provide Accountant's copy of Quickbooks file using dividing date of 1/1/20 after completion of bookkeeping and final bank reconciliation(s). Before creating an accountant's copy, please let us know if you are not set up to use Account numbers in Quickbooks.
- \_\_\_ 2. If applicable, verify year-end Accounts Payable and Accounts Receivable
- \_\_\_ 3. If applicable, verify year-end Inventory balance
- \_\_\_ 4. List asset purchases: automobiles, equipment, furniture and fixtures, etc., by purchase date and amount, method of purchase (cash, credit, financing)
- \_\_\_ 5. List asset disposals: automobiles, equipment, furniture and fixture, etc. Provide date and method of disposal (sale, junked, traded in). If sold, provide sale price
- \_\_\_ 6. If financed or leased a new asset(s) – provide sales contract and financing agreement
- \_\_\_ 7. December bank statement(s) and reconciliation(s) for all checking and savings accounts
- \_\_\_ 8. Provide list of non-sale deposits such as owner investments, loans, refunds, insurance claims, etc.
- \_\_\_ 9. Copy of December credit card statements and loan statements if a balance was due as of 12-31
- \_\_\_ 10. Copies of Year End Payroll Summary, W3, Form 940, and all 4 quarters Form 941s, and MD Unemployment reports (if we do not handle this for you)
- \_\_\_ 11. List of any unreimbursed business expenses paid personally and provide an accounting by expense category for us. (These must be reimbursed with a company check by 12-31 for out of pocket, cash expense and mileage prior to 12/31).
- \_\_\_ 12. Record of ending mileage as of 12/31 on each vehicle used in the business. Provide year, make and model of each vehicle used for business, in addition to total mileage for the year and the # of business miles.
- \_\_\_ 13. Please advise us if you provide health insurance to any employees so we can determine if additional information is needed.
- \_\_\_ 14. Please advise if you contributed to any of the following: HSA, retirement plan, or officer health insurance

**\*\* Please upload all documents through Onvio, our secure client portal system. When SCANNING documents please use a 400 dpi resolution and name documents accordingly.** If you need assistance or have any questions, please contact our office at 410-893-2100.