ASCEND
CPA and Advisors, LLC

Tax Year 2024 Due Dates:
S-Corporation: **3/17/25 & 9/15/25** (w/extension)
Partnership: **3/17/25 & 9/15/25** (w/extension)
Corporation: **4/15/25 & 10/15/25** (w/extension)

2024 Business Tax Checklist

Revenue & Expenses for _____ **Tax ID Number** _____
(Company Name)

Please check box if filing as a Subchapter S Corporation ☐

Gross Receipts/Sales $ _____ **Inventory Balance at 12/31** $ _____

Employee Retention Credit Funds Received: received for 2020: _____ received for 2021: _____

EXPENSES	
Accounting	$
Advertising/Marketing/Promo.	$
Auto & Truck Expenses	**See Next Page**
Bad Debts	$
Bank Charges	$
Commissions Paid	$
FMLA Payments Made (Paid leave)	$
Delivery & Freight	$
Dues & Subscriptions	$
Continuing Education	$
Employee Retirement Contributions	$
Business Gifts	$
Liability Insurance	$
Health Premiums Owner/Staff	$
Key-Person Life Insurance	$
Workers Comp. Insurance	$
Interest Expense	$
Internet Access	$
Janitorial, Laundry & Cleaning	$
Legal & Consulting Expenses	$
Licenses & Permits	$
Meals (Business-related)	$
Office Supplies/General Supplies	$
Outside Services	$

Purchases for Resale/Direct Materials	$
Obsolete Inventory/Shrinkage Student	$
Loans Paid for Employees	$
Parking & Tolls	$
Payroll (Salary/Wages)	**Provide W3 & Summary**
Payroll-Officers/Owner	**Provide W2 (Owner)**
Postage	$
Printing	$
Rents(Office/Equip.)	$
401(k)/SEP/Simple IRA Contributions	$
Repairs & Maintenance	$
Security	$
Payroll Taxes	$
Property Taxes	$
State Taxes	$
Telephone (Cell)	$
Telephone (Landline)	$
Tools & Equipment	$
Airfare/Lodging	$
Ground Transportation	$
Uniforms	$
Utilities	$
Website Expenses	$
Employer Provided Childcare	$

☐ Yes ☐ No Do the W-2 amounts for Shareholders include income from Health Insurance Premiums paid by the company?

☐ Yes ☐ No Are tips included in employee pay stubs/W-2s? *(If so, you may qualify for the Medicare Tip Credit.)*

☐ Yes ☐ No In 2024, did you incur costs to improve access to your business for disabled individuals? If so, please indicate the amount spent. $ _____

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2024 Business Tax Checklist - Continued

☐ Yes ☐ No Did you hire any individuals who faced barriers to employment due to having a criminal record? If so, you may qualify for the Work Opportunity Credit.

☐ Yes ☐ No Did your Company incur costs to improve a product or process during the most recent 3 years? If so, please ask us about the Research and Development credit.

☐ Yes ☐ No Did your company incur costs to establish a 401(k), Sep IRA, or Simple IRA? If so, you may qualify for the retirement plan startup costs tax credit.

☐ Yes ☐ No Did you pay for a portion of employees' child care expenses? If so, you may qualify to receive a 25% tax credit applied to the amounts paid.

☐ Yes ☐ No Did you provide paid leave to an employee for family or health-related reasons for at least two weeks this year? If so, please list the amount. $ _____

☐ Yes ☐ No Did you purchase or sell any assets in 2024?

Transaction Date (please note purchase or sale)	**Description of Assets** (or attach separate list or QB file)	**Amount**
		$
		$
		$
		$
		$
		$

Please Provide the Bank Balance of Business Checking Account(s) and Liability/Debt Balances as of 12/31/2024.

Business Checking	$	Vehicle Loans Payable	$
Accounts Payable	$	Equipment Loans Payable	$
Credit Cards Payable	$	Other Debt	$

SHAREHOLDER or LLC MEMBER INFORMATION

Legal Name	**SSN**	**Address**	**Ownership Percentage**

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2024 Business Tax Checklist - Continued

The information below is required to support the deduction for vehicle expenses.

Did you dispose of a vehicle used for business/work this year? ☐ **Yes** ☐ **No**

If yes, how much did you receive from sale or disposal of vehicle? $ _____

Automobile Expense Worksheet

	Year	Make	Model
Vehicle 1			

Date of purchase _____
Cost of vehicle $ _____
Total miles _____
Business miles _____

☐ **New** ☐ **Used**
(Please provide purchase documents.)

Sales Tax Paid if New $ _____

Is this a leased vehicle? ☐ **Yes** ☐ **No**
Lease payments (full year) $ _____

Is this an Electric Vehicle? ☐ **Yes** ☐ **No**
If yes, please provide the VIN.

VIN _____

Vehicle 1 - Actual Expenses

Gasoline $ _____
Repairs & Maintenance $ _____
Car Washes $ _____
Insurance $ _____
Vehicle Registration Fee $ _____
Interest paid on loan (full year) $ _____

	Year	Make	Model
Vehicle 2			

Date of purchase _____
Cost of vehicle $ _____
Total miles _____
Business miles _____

☐ **New** ☐ **Used**
(Please provide purchase documents.)

Sales Tax Paid if New $ _____

Is this a leased vehicle? ☐ **Yes** ☐ **No**
Lease payments (full year) $ _____

Is this an Electric Vehicle? ☐ **Yes** ☐ **No**
If yes, please provide the VIN.

VIN _____

Vehicle 2 - Actual Expenses

Gasoline $ _____
Repairs & Maintenance $ _____
Car Washes $ _____
Insurance $ _____
Vehicle Registration Fee $ _____
Interest paid on loan (full year) $ _____