



2024 Year-End Business Data Sheet

RETURN THIS COMPLETED FORM TO
LET US KNOW YOUR ACCOUNTING IS
UP-TO-DATE AND READY FOR TAX
RETURN PREPARATION.

Format to Receive Your Client Copy of Tax Return

- ☐ Secure Online Client Portal ☐ Paper Booklet ☐ Both Portal & Paper (\$25 fee)

Portal selection includes e-signatures for federal and state e-file forms

Tell us how to access your accounting records by checking the appropriate solution below:

- ☐ QuickBooks Online (*accounting for January through December is completed*)
☐ QuickBooks Desktop (*accountant's copy enclosed or uploaded to client portal*)
(QuickBooks Desktop password: _____)
☐ Other (*records are enclosed or uploaded to client portal*)

- A** Did you use a vehicle for your business in 2024? *If yes, list vehicle information below:* Yes No
Did you drive a company car in 2024? *If yes, list vehicle information below:* Yes No

	Vehicle 1	Vehicle 2	Vehicle 3
Year and make			
Total miles for the year			
Business miles for the year			
Commuting miles for the year			

- Do you have evidence to support the business miles? Yes No
Is the evidence for business miles written evidence? Yes No
Do you have another vehicle available for personal use? Yes No
Did you purchase an electric vehicle for your business? Yes No

- B** Did you purchase anything through the business that was for personal use? Yes No
If yes, please explain.

- C** Do you provide service(s) or deliver product(s) in states other than Pennsylvania? Yes No
If yes, please list the states and corresponding gross income: _____

- D** Did you acquire any new assets or equipment greater than \$2,500? Yes No
If yes, please provide a list and indicate if new or used, or provide a copy of the invoice.

FAYETTEVILLE OFFICE

4148 Lincoln Way East
Fayetteville, PA 17222
 Ph/Fx 717.352.3737

MCSHERRYSTOWN OFFICE

526 Main Street
McSherrystown, PA 17344
 Ph/Fx 717.637.5457

WAYNESBORO OFFICE

18 North Oller Avenue
Waynesboro, PA 17268
 Ph/Fx 717.762.3161

- E** Has there been a change in ownership this year? Yes No
If yes, please provide new owner identification information, dates and percentages.
- F** Have you opened or closed any locations this year? Yes No
- G** Are you planning on selling, closing, or any changes in ownership in the next year? Yes No
- H** Did you make any payments in 2024 that would require you to file Form(s) 1099? Yes No
- I** Did you receive any Form(s) 1099-K? Yes No
- J** Did you have any gift card sales not included in income? Yes No
 If yes, please list the amount: \$ _____
- K** At any time during this tax year, did the business (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange or otherwise dispose of a digital asset (or financial interest in a digital asset)? Yes No
- L** Did you pay wages to employees? Yes No
- M** Did you purchase health insurance for your employees? Yes No
 If yes, did you purchase through the Small Business Health Options Program (SHOP) Marketplace? Yes No

N Insurance paid for shareholder/partner or proprietor:

**Note: If your business is an S-corporation, we will need the health insurance amount for your W-2 preparation.*

Provider	Health insurance amount	Life insurance amount	Disability insurance amount

O Information on credit cards and loans for business & mortgages: *(Complete if the balances are not reconciled in your accounting software or on the financials that you provided for us to complete your tax return.)*

Name of creditor	Loan balance	Interest paid/year

Please provide statement received from loan provider showing year-end loan balance and interest paid.

- P** Please provide your NAICS code and/or a description of your business activity: _____
- Q** If taxed as a partnership, who is your partnership's representative? _____
- R** Does the company have any life insurance policies that the company owns and the company is the beneficiary? Yes No
- S** Did you start a company retirement plan in the current year? Yes No
- T** Did the company make any energy efficient purchases? Yes No

If any of the questions on this form requires additional information or explanation, please attach a separate sheet of paper with the details.

IMPORTANT: Please review the enclosed depreciation schedule. Indicate if sold or scrapped, and when. If an asset was sold, please list the sale price.

To the best of my knowledge, the above information is true and correct.

Signature: _____

Date: _____

Title: _____