

Client:

Tax Year ending: 12/31/16

**C CORPORATIONS  
TAX RETURN CHECKLIST**

Please provide LKM with the following checked items (some items may not apply):

- \_\_\_\_\_ 1. Verify all the client information on the attached **Information Review Sheet**. Please fill in any missing information
- \_\_\_\_\_ 2. **QuickBooks Clients; circle your edition/year: 2013, 2014, 2015, 2016, 2017** Password \_\_\_\_\_
- \_\_\_\_\_ 3. **QuickBooks Accountant's Copy -**  
Send via Secure Client Portal, Email or USB flash drive **OR** use QB feature, "Send to Accountant" and, be sure to provide your Password. **Use "Dividing Date" 1/1/17**
- \_\_\_\_\_ 4. Review attached **Future Depreciation Report** to indicate any assets sold or scrapped and **please initial and date upon review** (be sure to indicate sales **price** and **date** sold or scrapped.)
- \_\_\_\_\_ 5. Detailed list of **new** fixed assets purchased during 2016 including **date and price of purchase**
- \_\_\_\_\_ 6. Have you financed any major equipment purchases this year? If so, attach details
- \_\_\_\_\_ 7. Loan Statements as of 12/31/16 (or Fiscal YE date \_\_\_\_\_) to establish interest expense and ending loan balance
- \_\_\_\_\_ 8. Inventory (take physical count) Total Value (at cost) on 12/31/16 (or Fiscal YE date \_\_\_\_\_)
- \_\_\_\_\_ 9. 2016 W-3 and Form 941 & 940 Reports; State ESD and L&I Reports; Officer W-2s, if applicable
- \_\_\_\_\_ 10. 2016 **State & City** Excise Returns.  
Or, provide online Login \_\_\_\_\_ and Password \_\_\_\_\_
- \_\_\_\_\_ 11. Business Vehicle Data:  
a. **Odometer** Readings as of 12/31/15 & 12/31/16 **OR** Total mileage for 2016  
b. Total **business** mileage for 2016
- \_\_\_\_\_ 12. Were you required to issue 1099s for 2016? Yes\_\_\_\_\_ No\_\_\_\_\_ Not Sure \_\_\_\_\_ If yes, please provide copies of all 1099's and the 1096. If you are not sure, please contact us
- \_\_\_\_\_ 13. Bank and Credit Card Statements for 12/31/16
- \_\_\_\_\_ 14. Forms 1099-K that were issued to you from credit card merchants
- \_\_\_\_\_ 15. For the allocation of home office expense reimbursement, did your home office square footage change?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- \_\_\_\_\_ 16. Did the business pay employee health insurance? Yes\_\_\_\_\_ No\_\_\_\_\_
- \_\_\_\_\_ 17. Did the business have any Foreign Bank Accounts? Yes\_\_\_\_\_ No\_\_\_\_\_

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| Fiscal / Tax Year End:<br><b>12/31/16</b> |
| Tax Return Due Date:<br><b>4/18/17</b>    |