

Facts About Your Company

Company Name: _____

Here are some facts you should know about your company. If you don't know the answers, check with management or your accountant.

Fiscal year end _____

Form of business

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |

Payroll frequency

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Semimonthly |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> Other _____ |

P/R deposit frequency

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Next Banking Day | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Semi-Weekly | <input type="checkbox"/> Quarterly |

Inventory valuation method

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> FIFO | <input type="checkbox"/> Standard Cost |
| <input type="checkbox"/> LIFO | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Average Cost | |

Sales tax reporting

- | | | |
|------------|---|-----------------|
| ____ State | <input type="checkbox"/> Deposits Required? | Frequency _____ |
| ____ State | <input type="checkbox"/> Deposits Required? | Frequency _____ |
| ____ State | <input type="checkbox"/> Deposits Required? | Frequency _____ |
| ____ State | <input type="checkbox"/> Deposits Required? | Frequency _____ |
| ____ State | <input type="checkbox"/> Deposits Required? | Frequency _____ |

Other tax returns

- | | |
|---------------------------------------|-----------|
| <input type="checkbox"/> Property Tax | Due _____ |
| <input type="checkbox"/> Workers Comp | Due _____ |
| <input type="checkbox"/> _____ | Due _____ |
| <input type="checkbox"/> _____ | Due _____ |