



Self-Assessment Checklist – Business

Client Name: _____

Please fill this sheet in and return it along with your supporting documentation & information.

Business Info

Address of the Business: _____

Date you started the business: _____

- What type of business are you?
 - Sole Trader / Limited / Partnership / Other (please give detail)
- Company registration number (if applicable): _____

I need to know about income and expenditure: I do not need actual copies of all documents, but you do need to have them in case you get an audit.

Feel free to send documents over if you want, or just a spreadsheet or other list detailing the information is fine.

Income (any of these are fine)

- Your turnover amount (invoices less credits)
- Any other income (grants, loans, investments etc)

Expenses relating solely to the business

- Bills you have paid
 - Directs costs (buying / making your products, shipping etc)
 - Overheads (like rent, utility bills, marketing, stationary etc)
- Bank costs / interest
- Insurance
- Legal Fees
- Services
- Charity Donations
- Wages & other payroll costs
- Mileage
- Equipment ough (laptop, machinery etc)
- Anything else you can think of