

Monthly Reporting Checklist

Please return this checklist by the 10th of each month along with the items checked and your monthly work.

COMPANY INFORMATION	
Company name:	
Month Ended:	

CHECKLIST – Check applicable items and return this list to us along with the items indicated.	
<input type="checkbox"/>	Check stubs or duplicate check copies
<input type="checkbox"/>	Bank statements with check images <div style="margin-left: 20px;">— A. Checking</div> <div style="margin-left: 20px;">— B. Savings</div>
<input type="checkbox"/>	Sales form completed or sales provided below (in Comments)
<input type="checkbox"/>	Cash expenses paid (include receipts)
<input type="checkbox"/>	Owner expense report (attached) filled out and check written
<input type="checkbox"/>	Inventory balance at month’s end: \$ _____
<input type="checkbox"/>	Any deposits other than sales? (<i>Yes, No</i>) If yes, explain below.
<input type="checkbox"/>	Larger items purchased (equipment, computers, vehicles)? Please provide details below and contract copy.
<input type="checkbox"/>	Any loans taken out? If so, provide details below and contract copy.
<input type="checkbox"/>	Any government correspondence received (IRS, State, etc.)?
<input type="checkbox"/>	Any government forms received (payroll forms, etc.)?
<input type="checkbox"/>	Anything else we should know about?

Comments:
