



BUSINESS TAX ORGANIZER

Name of Business: _____

Business Address: _____

Business Phone: _____ Email: _____

Tax ID # _____ Description/Industry: _____

Entity Type: Sole Proprietor LLC C-Corp S-Corp Partnership Other

Owner 1: _____ Ownership % _____

Owner 2: _____ Ownership % _____

Accounting Method: Cash Accrual Other

Did you materially participate in the operation of this business during the tax year: Yes No

Did you start or acquire this business during the tax year? Yes No

*** If you have any Financial Statements (Profit & Loss, Balance Sheet), please provide a copy to us.***

Business Income

Gross Receipts or Sales \$ _____ (attach all 1099's received)

Less: Returns & Allowances \$ _____

Purchases of Goods for Resale \$ _____

Other Business Income \$ _____

Did you keep an inventory? Yes No

If yes – What was the beginning & ending inventory for the tax year?

Beginning \$ _____ Ending \$ _____

Business Expenses

Advertising \$ _____

Car & Truck Expenses \$ _____

Commissions & Fees \$ _____

Contract Labor \$ _____

Employee Benefit Programs \$ _____

Insurance \$ _____

Interest: \$ _____

Mortgage (paid to banks, etc.) \$ _____

Rent or Lease: \$ _____

Vehicles, Machinery, Equip. \$ _____

Other Business Property \$ _____

Repairs & Maintenance \$ _____

Supplies \$ _____

Taxes & Licenses \$ _____

Travel \$ _____

Deductible Meals/Ent. \$ _____

Other \$ _____
 Legal & Professional Services \$ _____
 Office Expense \$ _____
 Pension & Profit-Sharing Plans \$ _____

Utilities \$ _____
 Wages (less Unemp.credits) \$ _____
 Other Expenses \$ _____

Self-employed health insurance premiums \$ _____

Are you or your spouse covered or offered an insurance plan through an employer? _____ YES _____ NO

*Note: 1099's are required to be filed and sent for amounts of \$600.00 or more paid to individuals or companies (not corporations) for rent, interest, or services rendered to you in your business. These are due no later than January 31. The non-filing penalty is \$150 per recipient. If you need us to prepare these forms, call us or visit our website to print the 1099 client worksheet then get the information to us by January 15.

Car/Truck Expenses

Vehicle 1: Make _____ Model _____ Year _____ Date in Service _____
 Mileage on Jan. 1 _____ Ending Mileage on Dec 31 _____
 # of Business Miles (if not 100%) _____ Actual Costs: \$ _____
(gas, repairs, insurance, license)

Vehicle 2: Make _____ Model _____ Year _____ Date in Service _____
 Mileage on Jan. 1 _____ Ending Mileage on Dec 31 _____
 # of Business Miles (if not 100%) _____ Actual Costs: \$ _____

Purchases of Equipment/Machinery

Description	Purchase Date	New/Used	Cash Paid <small>(If trade, boot only)</small>	Item Traded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sales of Equipment/Machinery

Description	Purchased Date	Date Sold	Original Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Office

Would you like to use the Simplified Home Office Method? YES NO* (Deduct \$5/sq. ft. up to 300 sq. ft)

*If no, complete the following:

Date home office was placed in service:	_____	Sq. Ft. of Office	_____
Total Square Footage of Home	_____	Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____	Utilities	\$ _____
Insurance	\$ _____	Improvements	\$ _____
Repairs/Maintenance	\$ _____	Other (_____)	\$ _____
Other (_____)	\$ _____		

Other Information

Please include a narrative if necessary of other tax information you feel needs to be known by the tax preparer.

If you have a net operating loss on the business, would you like to pay Optional Self-Employment taxes? (This will help your potential to qualify for tax credits and Social Security benefits in the future.) YES NO

If you receive a refund:

_____ I would like to receive a check in the mail.

_____ I would like to apply some or all of my refund to next year.

_____ I would like to direct deposit my refund to the following account:

Bank _____

Account Type Checking Savings

Routing Number _____

Account Number _____