



Business Organizer

Tax Year _____

Business Owner's Name: _____ EIN: _____ - _____

Business Name: _____ Formed as LLC? Yes No

Business description _____

Business address (If not same as home) _____, _____, _____, _____

Did you pay an individual or company for more than \$600 for services? See below* Yes No

If yes, have you issued IRS Form 1099-Misc?(Only to Non-Incorporated providers and/or Attorney's) Yes No

Do you have employees? If yes please provide us with the W2 & W3 forms.

Business Income

Cost of sales

Gross Sales/Income \$ _____

Inventory January 1st \$ _____

Refunds \$ _____

Cost of goods for sale \$ _____

Other Income _____ \$ _____

Less Items removed for personal use \$ _____

Inventory December 31st \$ _____

Expenses

Expenses Con't

Advertising/Marketing \$ _____

Bank Fees \$ _____

Commissions and Fees* \$ _____

Computer-Supplies/Software \$ _____

Consultants/Contract Labor* \$ _____

Credit Card/Merchant fees \$ _____

Dues/Subscriptions \$ _____

Employee Benefits \$ _____

Insurance (Not Health Ins.) \$ _____

Interest \$ _____

Legal/Professional Fees \$ _____

Licenses/Business Fees \$ _____

Materials/Supplies \$ _____

Meal/Entertainment \$ _____

Office Expense

Postage \$ _____

Printing \$ _____

Small Equipment (<\$300 each) \$ _____

Supplies _____ \$ _____

_____ \$ _____

Payroll: Wages \$ _____

Taxes \$ _____

Rent \$ _____

Repairs/Maintenance \$ _____

Services* _____ \$ _____

_____ \$ _____

_____ \$ _____

Telephone (Business Lines) \$ _____

Travel (Not including meals) \$ _____

Utilities (Not home office) \$ _____

Web Costs/Website \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Vehicle Expenses

Home Office

Standard mileage rate _____

Total Miles driven _____

Business miles driven _____

Vehicle Operating costs

Gas/Repairs & Maintenance \$ _____

Insurance \$ _____

Lease payments \$ _____

 Date lease started _____

 Length of lease _____

 Cost of vehicle if purchased \$ _____

License plates \$ _____

Parking/tolls \$ _____

Car Washes \$ _____

Total Sq. Ft _____ Business Sq. Ft _____

Insurance (House) \$ _____

Rent \$ _____

Repairs & Maintenance \$ _____

Utilities (Gas/Electric/Water) \$ _____

Other (Assoc. Fees/HOA/Waste removal/Etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

If this is the first year of home office please provide:

Original cost of home (closing stmt) \$ _____

Improvements \$ _____

Business equipment, computers and furniture purchased (>\$300 each)

Description _____ Cost _____ Date in Service _____

Description _____ Cost _____ Date in Service _____

Description _____ Cost _____ Date in Service _____

Description _____ Cost _____ Date in Service _____

Description _____ Cost _____ Date in Service _____

Description _____ Cost _____ Date in Service _____

Did you sell any existing assets? If yes, please provide description of asset sold, date sold, and selling price.

Notes: