



# BUSINESS TAX ORGANIZER

20\_\_ Tax Year

## BUSINESS INFORMATION

### General Information

How is your business taxed?

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor     | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Single Member LLC   | <input type="checkbox"/> S Corporation       |
| <input type="checkbox"/> Multi Member LLC    | <input type="checkbox"/> C Corporation       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____         |

Business Name: \_\_\_\_\_  
 Tax ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date Business was Formed: \_\_\_\_\_ S Corp Election Date: \_\_\_\_\_  
 Primary Business Activity: \_\_\_\_\_ Product / Service: \_\_\_\_\_  
 Secretary of State ID (if Applicable): \_\_\_\_\_  
 What other states is this business registered in? \_\_\_\_\_

### Business Contact Person Information

Name of Business Officer: \_\_\_\_\_  
 Business Officer contact number: \_\_\_\_\_  
 Business Officer email address: \_\_\_\_\_  
 Address Where Financial Records are Stored: \_\_\_\_\_

List each Shareholder/Partner/Member/Owner(if more space is needed, attach additional page)

Name	Social Security #	Ownership %	Full Address (Street, State , Zip Code)	Limited Partner

Was there a change in determining quantities, costs, or valuations between opening and closing inventory?  
 (If yes, explain) Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explanation: \_\_\_\_\_

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 \_\_\_\_\_  
 Is this a Final Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Date of Dissolution: \_\_\_\_\_

Did you make any payments that would require you to file Form(s) 1099? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", did you or will you file all required form(s) 1099? Yes \_\_\_\_\_ No \_\_\_\_\_

### INCOME

Gross Receipts or Sales : \_\_\_\_\_ Other Income : \_\_\_\_\_  
 (Attach copies of 1099 Misc. forms if applicable)

Returns and Allowances : \_\_\_\_\_

### COST OF GOODS SOLD (MERCHANDISE)

Inventory: Jan 1: _____	Inventory: Dec 31: _____
Purchases for the year: _____	Personal Purchases: _____
Materials and Supplies _____	Labor Cost: _____
Freight In _____	Other Cost: _____

### ENTITY SPECIFIC QUESTIONS

Entities taxed as a Partnership (General Partnerships, Etc.)			
Partner's Health Insurance	\$ _____	Guaranteed Payments made to Partners	\$ _____
Entities taxed as Corporations (C-Corporations and S-Corporations)			
Non-Shareholder Officer Compensation	\$ _____	Shareholder Officer Compensation	\$ _____

### OPERATING EXPENSES

Accounting	\$	Office Expense	\$
Advertising	\$	Outside Services/Contractors	\$
Auto Expenses	\$	Parking Fees and Tolls	\$
Bad Debts	\$	Payroll Processing Expenses	\$
Bank Charges	\$	Pension/Profit-Sharing	\$
Cash Short/Over	\$	Permits and Fees	\$
Cell Phone	\$	Postage/Shipping	\$
Clean-Fuel Vehicle Deduction	\$	Printing	\$
Commissions	\$	Recruiting	\$
Computer	\$	Repairs and Maintenance	\$
Consulting	\$	Rents	\$
Contributions	\$	Salaries and Wages	\$
Credit Collection Costs	\$	Sales	\$
Delivery	\$	Security	\$
Discounts	\$	Software	\$
Dues and Subscriptions	\$	Supplies	\$
Education and Training	\$	State Income Taxes	\$
Emp. Benefit Programs	\$	State Franchise Taxes	\$
Equipment Rental	\$	City Income Taxes	\$
Freight	\$	City Franchise Taxes	\$
Fuel	\$	Local Property Taxes	\$
Gifts	\$	Int. Property Taxes	\$
Independent Contractor	\$	Payroll Taxes	\$
Building Insurance	\$	Foreign Taxes Paid	\$
Liability Insurance	\$	Occupancy Taxes	\$
Other Insurance	\$	Licenses	\$
Worker's Comp Ins.	\$	Interest Expense	\$
Miscellaneous Taxes	\$	Internet	\$
Janitorial	\$	Telephone	\$
Laundry and Cleaning	\$	Tools	\$

**OPERATING EXPENSES - CONTINUED**

Travel	\$ _____	Uniforms	\$ _____
Legal and Professional	\$ _____	Utilities	\$ _____
Marketing	\$ _____	Waste Removal	\$ _____
Meals and Entertainment	\$ _____	Other Deductions	\$ _____
Meetings	\$ _____	List _____	\$ _____
Miscellaneous	\$ _____	List _____	\$ _____

If attaching a Profit and loss statement, this section does not need to be completed.

**NEW EQUIPMENT PURCHASES**

Description of Equipment	Date Purchases	Purchase Price

**VEHICLE EXPENSE**

	Vehicle #1	Vehicle #2
Purchase / Conversion Date	_____	_____
Year of Auto	_____	_____
Make and Model of Auto	_____	_____
Purchase amount	_____	_____
Oil and Gas	_____	_____
Repairs and Tires	_____	_____
Insurance	_____	_____
License / Taxes	_____	_____
Interest Paid	_____	_____
Total Mileage for the year	_____	_____
Business Mileage	_____	_____
Commuting Miles	_____	_____
Personal Miles	_____	_____
Is this vehicle leased?	_____	_____
Was vehicle available for personal use?	_____	_____
Is another vehicle available for personal use?	_____	_____
Do you have evidence to support the business use?	_____	_____
If yes, is the evidence written?	_____	_____

**DOCUMENTS (Attachments) NEEDED**

- Prior year Tax Return(s)
- Profit and Loss Statement (Income Statement)
- Balance Sheet
- Depreciation Schedule

**NOTES**

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*If you would like to have your return electronically filed, please provide a 5 digit number below which will serve as your electronic authorization .*

*5 digit number* \_\_\_\_\_

**DECLARATION**

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns.

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SIGNATURE

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DATE