

BUSINESS TAX ORGANIZER

20__ Tax Year

Bring a copy of your prior year's Tax Return

BUSINESS INFORMATION

Business Name: _____ Owner: _____

Industry: _____ Federal ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Partnership Corp LLC S-Corp election date: _____ Start date: _____

Years in business: _____ DNB #: _____

INCOME

Gross Receipts or Sales: _____ Other Income: _____

Returns and Allowances: _____

COST OF GOODS SOLD (MERCHANDISE)

Inventory: Jan 1: _____ Dec 31: _____

Purchases for the Year: _____ Personal Purchases: _____

Materials/Supplies: _____ Labor Costs: _____

Freight In: _____ Other Costs: _____

OPERATING EXPENSES

Legal & Professional: _____ Office Expenses: _____ Delivery: _____

Lease Property: _____ Lease Equipment: _____ Publications: _____

Employee Benefits: _____ Commission: _____ Dues: _____

Bank Service Charges: _____ Advertising: _____ Supplies: _____

Repairs/Maintenance: _____ Taxes & Licenses: _____ Travel: _____

Meals: _____ Entertainment: _____ Telephone: _____

Internet: _____ Utilities: _____ Wages/Salaries: _____

Health Insurance Premiums (Paid as Self-employed person): _____

Other Expenses: _____

NEW EQUIPMENT PURCHASES

<u>Description of Equipment</u>	<u>Date Purchased</u>	<u>Purchase Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS - VEHICLE EXPENSES

Detail Each Auto:	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Purchase/Conversion Date:	_____	_____	Year of Auto: _____	_____
Purchase Amount:	_____	_____	Make/Model: _____	_____
Actual Expenses:	_____	_____	MILEAGE: _____	_____
Gas & Oil:	_____	_____	Business Miles: _____	_____
Repairs & Tires:	_____	_____	Commuting Miles: _____	_____
Insurance:	_____	_____	Personal Miles: _____	_____
License/Taxes:	_____	_____	Total Miles: _____	_____
Interest paid:	_____	_____		