

Phone: 720-217-7878

SMALL BUSINESS TAX ORGANIZER

Fax: 720-459-8456

GENERAL BUSINESS INFORMATION

Name of Business _____ Owner _____ EIN or SS # _____
 Type of Business (Industry) _____ Business Phone # _____ Email _____
 Business Address _____ City _____ State _____ Zip _____
 Sole Proprietor S-Corp C-Corp LLC Partnership Accounting Method Cash Accrual
 Start Date _____ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) _____

INCOME & EXPENSES

TOTAL INCOME (1099's plus other revenue) _____

Less Returns and Allowances _____

EXPENSES

- Advertising _____
- Automobile Expense (complete section to right) _____
- Bank Service Charges _____
- Cleaning & Janitorial _____
- Commissions/Independent Contractors _____
- Computer & Internet Expenses _____
- Dues & Publications _____
- Education & Seminars _____
- Employee Benefit Programs _____
- Fines & Penalties (Non-Deductable) _____
- Insurance (Fire, Liability, Workers Comp) _____
 - Health Insurance _____
 - Life & Disability Insurance _____
- Interest (Business Related) _____
- Legal & Professional Fees _____
- Licenses & Permits _____
- Office Supplies & Expenses _____
- Postage & Freight _____
- Rent/Lease Business Property _____
- Repairs & Maintenance (Not Home Office) _____
- Supplies _____
- Taxes (not Income Tax or Sales Tax) _____
- Travel & Lodging (Out of Town) _____
- Meals & Entertainment _____
- Telephone (Local, Long Distance, Cell) _____
- Tools Replacement _____
- Uniforms _____
- Utilities (Not Home Office) _____
- Wages & Salaries Paid Out _____
 - Payroll Taxes _____
- Other Expenses (Please List) _____

COST OF GOODS SOLD

- Product Purchased for Resale _____
- Product Used for Personal Use _____
- Materials and Supplies _____
- Contract Labor _____
- Beginning Inventory _____
- Ending Inventory _____

BUSINESS USE OF VEHICLE

- Vehicle Description _____
- Date Vehicle was Placed in Service _____
- Original Purchase Price or Other Basis _____
- Mileage** (All Fields Required)
 - Business Miles _____
 - Commuting Miles _____
 - Other Personal Miles _____
 - Total Miles _____
- Actual Expenses Paid**
 - Gasoline & Oil _____
 - Repairs, Tires, Car Washes _____
 - Auto Insurance _____
 - Registration Fees _____
 - Vehicle Loan Interest _____

OFFICE IN HOME EXPENSES

- Area Used Exclusively for Business _____ sq. ft.
- Total Area of Home _____ sq. ft.
- Mortgage Interest _____
- Property Taxes _____
- Mortgage Insurance _____
- Homeowners Insurance _____
- Rent _____
- Repairs & Maintenance _____
- Utilities _____
- Other Expenses _____

NEW EQUIPMENT PURCHASED

Furniture, Equipment and Tools Purchased for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on a separate sheet of paper with the **Date Purchased, Description, and Purchase Price.**

If you have other expenses attach additional page