



BUSINESS TAX ORGANIZER

1. BUSINESS INFORMATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

DATE ORGANIZED: _____

DESCRIPTION OF BUSINESS ACTIVITY: _____

TAX ID NUMBER: _____

(Please Check One)

SOLE PROPRIETORSHIP:___ PARTNERSHIP:___ C - Corp:___ S-CORP:___ LLC:___

*IF YOU HAVE NOT DONE SO ALREADY, PLEASE PROVIDE A COPY OF THE COMPANY'S BUSINESS AGREEMENT

*IF S - CORP, PLEASE PROVIDE # OF SHARES

2. OWNER'S INFORMATION

NAME	ADDRESS	%	SSN

PRIMARY CONTACT EMAIL	PRIMARY CONTACT PHONE
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3. INCOME

TOTAL SALES	
MISCELLANEOUS INCOME (i.e. INTEREST)	
COST OF GOODS SOLD (COST OF PURCHASES FOR RESALE)	
IF AN INVENTORY IS INVOLVED IN YOUR BUSINESS PLEASE PROVIDE:	
INV. AT BEGINNING OF THE YEAR	
	INV. AT END OF THE YEAR

*PROVIDING AN ACCURATE PROFIT & LOSS STATEMENT WILL GIVE US MOST INFORMATION NEEDED

4. DEDUCTIONS

Advertising		Office Expense	
Business Insurance		Outside Services	
Business Phone/Cell		Rent on Equipment	
Commissions Paid		Rent on Property	
Contract Labor		Repairs/Maintenance	
Educational		Supplies	
Interest(Loans/Credit Cards)		Taxes	
Legal/Professional		Travel	
Licenses		Uniforms/Protective	
Meals and Entertainment		Utilities	
Mileage		Vehicle Expense (Lease pmts. are deductible, Buy to own pmts. are not)	
Postage		Wages	

5. HOME OFFICE

Home Interest		Repairs/Maintenance	
Home Insurance		Sq. Ft of Office Area	
Home Taxes		Sq. Ft of Home	
Rent(if not owned)		Utilities	

*Please provide a list of all equipment purchased, date purchased, and amount paid for

*Please provide a list of all equipment sold, date sold, amount sold for, date purchased, amount paid for

6. CONCERNS

*Please list any concerns you have with your taxes to make sure we don't overlook anything.
