

# 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**

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