

BUSINESS ORGANIZER

Business Info

Business Name _____
 Primary Product or Service Provided _____
 Legal Entity Structure (Check One):
 Sole Prop LLC S Corp C Corp
 Month / Year Business Began _____
 Federal EIN (Tax ID Number) _____
 If more than one owner, list names, addresses, social security numbers, and ownership percentages on separate sheet

Income

Gross Receipts	
Less: Sales Discounts/Refunds	
Total Income	

Expenses

Accounting Fees	
Advertising and Marketing:	
<i>Web Hosting</i>	
<i>Graphic Design</i>	
<i>Printing</i>	
<i>Social Media Management</i>	
<i>Newspaper</i>	
Total Advertising and Marketing	
Bank Charges	
Commissions and Fees Paid Out	
Equipment, Computers, Furniture < \$500 per item	
Equipment > \$500 per item: list on next page	
Consultants / Coaching Fees	
Contract Labor (1099 if >\$600)	
Credit Card Processing Fees	
Dues and Memberships:	
Employee Benefit Plan Expense	
Employee Health Care Plan Expense	
Internet Expense (business use percentage)	
Licenses, Permits, Registrations	
Continuing Education	
Gift Expense (limited to \$25 per person)	
Insurance (exclude auto)	
Legal Fees (business only)	
Meals (if bona fide business discussion only)	
Office Supplies	
Payroll Expense:	
<i>Wages and Salaries (W-2s)</i>	
<i>Payroll Tax Expense</i>	
Total Payroll Expense	
Repairs and Maintenance	
Rent Expense:	
Office outside of Home	
Storage Unit	
Equipment Rent/Lease	
Total Rent Expense	
Subcontractor Costs	
Telephone (business use percentage)	
Travel / Conventions	
Other Expense: _____	
Other Expense: _____	
Utilities (exclude Home Office)	
Total Expenses	

Auto Expense

You can claim :
 (a) Mileage rate, or (b) Actual Expenses
 Either way, we need all the following info
 for each vehicle used in business

Mileage:

Total Business Miles	
Total Personal Miles	
Grand Total Miles	

Actual Expenses:

Gas	
Insurance	
Licenses	
Oil	
Property Tax	
Repairs	
Tires	
Tolls	
Parking	

Vehicle Information:

Vehicle Year / Model	
Year Placed in Service	
Total Purchase Price	

Inventory / Cost of Goods

Beginning Inventory 1/1	
Total Purchases of	
Resale Merchandise	
Ending Inventory 12/31	

Home Office Expense

Business Use Sq Feet:	
Total Home Sq Feet:	
Provide annual cost for <u>entire</u> home:	
Annual Utility Costs	
Annual Insurance	
Annual Rent (if tenant)	
Annual Repair / Maint	
Annual HOA/Condo Fee	
Annual Home Warranty	

Business Bank Balances

need for business entity returns Sch L

Beg of Year 1/1	
End of Year 12/31	