



Phone: (206) 783-6200

SMALL BUSINESS TAX ORGANIZER

Fax: (206) 783-6288

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 REVENUE (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 _____
 Supplies _____
 Taxes (not Income Tax or Sales Tax) _____
 Travel & Lodging (Out of Town) _____
 Meals & Entertainment _____
 Telephone (Local, Long Distance, Cell) _____
 Tools Replacement _____
 Uniforms _____
 Utilities _____
 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 the back side of this paper with the **Date Purchased, Description, and Purchase Price.**