



9890 south 300 West Suite 100
 Sandy, UT 84070
 Office: 888.400.4236
 Fax: 888.415.1262

BUSINESS TAX ORGANIZER

Business Name: _____ EIN#: _____
 Address: _____ E-mail: _____
 Description of Business Activity: _____

(Please Check One)

Sole Proprietorship S-Corp Corporation LLC Partnership

Owner: _____ SSN#: _____

INCOME

Total Sales: _____
 Misc Income (such as Interest): _____
 Cost of Goods Sold (Cost of purchases for resale): _____

Does your company store an inventory of products: _____, if so, please provide the following info:
 Inventory at BEGINING of the year: _____ Inventory at the END of the year: _____

DEDUCTIONS

Advertising	
Business Insurance	
Business Phone/Cell	
Commissions Paid	
Contract Labor	
Educational	
Interest (Loans/Credit Cards)	
Legal/Professional	
Licenses	
Meals and Entertainment	
Mileage	
Postage	

Office Expense	
Outside Services	
Rent on Equipment	
Rent on Property	
Repairs/Maintenance	
Supplies	
Taxes	
Travel	
Uniforms/Protective	
Utilities	
Vehicle Expense	
Wages	

HOME OFFICE

Home Interest	
Home Insurance	
Home Taxes	
Rent (if not owned)	

Repairs/Maintenance	
Sq. Ft. of Office Area	
Sq. Ft. of Home	
Utilities	

EQUIPMENT PURCHASED FOR BUSINESS

Equipment Description	Date Purchased	Amount Paid

