

BUSINESS TAX ORGANIZER

Questions? Call: 801-796-5937



Name:	SSN#
Spouse:	SSN#
Address:	email:

Did you have long distance phone service between Feb. 2003 - Aug. 2006? Yes/No

Description of Business Activity: _____

(Please Check One)

Sole Proprietorship: _____ S-Corp: _____ Corporation: _____ LLC: _____ Partnership: _____

Owner:	Tax ID Number:
--------	----------------

INCOME

Total Sales	
Misc Income (such as Interest)	
Cost of Goods Sold (cost of purchases for resale)	
If an inventory is involved in your business please provide:	
Inventory at beginning of year:	Inventory at end of year

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
Postage	Wages

HOME OFFICE

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

*Provide a list of all equipment purchased, date purchased, and amount paid for.

