

Corporation Tax Organizer



Corporation Name _____

Address _____

Tax ID Number (EIN) _____ Date Incorporated _____

Phone: _____ Fax: _____ Email: _____

Income

Gross Receipt or Sales	
Returns or Allowances	
Cost of Goods Sold (product you purchase for resale)	
Inventory (Product you have in stock at end of year)	
Other Income (interest on bank accounts, etc)	

Expenses

Officer Compensation		Wages paid		Repairs/Maintenance	
Bad Debts		Rent on office		Taxes/ Licenses	
Interest expense		Advertising		Accounting	
Vehicle Expense		Bank Charges		Commissions paid	
Collection costs		Delivery /Freight		Dues/Subscriptions	
Equipment rent		Gifts		Insurance	
Janitorial		Laundry/Cleaning		Legal/professional	
Meals/entertainment		Office expense		Outside services	
Permits and fees		Postage		Printing	
Supplies		Telephones			
Travel		Tools			
Utilities		Uniforms			
Miscellaneous		Outside services			

Please provide list of all equipment purchased, date, and amount paid
