

BUSINESS TAX ORGANIZER



COMPANY NAME: _____

ADDRESS: _____

E-MAIL: _____

Description of Business activity: _____

____ Sole Proprietor ____ S Corporation ____ 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		Taxes	
Mileage		Licenses	
or Vehicle Expense		Travel	
Commissions paid		Meals and entertainment	
Business Insurance		Utilities	
Interest loans/credit cards		Business phone / cell	
Legal/professional		Wages	
Office Expense		Educational	
Rent on equipment		Uniforms/ protective	
Rent on property			
Repairs/maintenance			
Supplies			

HOME OFFICE

Sq. ft. of office area		Sq. Ft. of Home	
Home interest		Home Taxes	
Home insurance		Utilities	
Repairs / Maintenance		Rent (if not owned)	

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