



Phone: (734) 462-6161
 Fax: (734) 462-6059

Small Business Tax Organizer General Business information

Name of Business: _____	Owner: _____	EIN or SSN: _____
Type of Business (Industry): _____	Business Phone: _____	Email: _____
Business Address: _____	City: _____	State: _____ Zip: _____
Check one of the following: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
Start Date: _____	S Corp Election Date: _____	

Income & Expenses

Total Income: _____

Less Returns and Allowances: _____

Expenses

Advertising: _____

Automobile Expenses (complete section to right) _____

Bank Service Charges: _____

Cleaning & Janitorial: _____

Commissions/Independent Contractors: _____

Computer & Internet Expenses: _____

Dues & Subscriptions: _____

Education & Seminars: _____

Employee Benefit Programs: _____

Fines & Penalties (non-deductible): _____

Insurance (fire, liability, workers comp): _____

Health Insurance: _____

Life & Disability Insurance: _____

Interest (business related only) _____

Legal & Professional: _____

Licenses & Permits: _____

Office Supplies & Expenses: _____

Postage & Freight: _____

Rent/Lease Business Property: _____

Repairs & Maintenance (not home office): _____

Supplies: _____

Taxes (property or personal property): _____

Travel & Lodging: _____

Meals & Entertainment: _____

Telephone: _____

Tools (small): _____

Uniforms: _____

Utilities: _____

Wages & Salaries: _____

Payroll Taxes: _____

Other Expenses (Please list): _____

Cost of Goods Sold

Product Purchased for Resale: _____

Materials & 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

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: _____

Home Office

Area Used Exclusively for Business (in sq. ft.): _____

Total Area of Home (in sq. ft.): _____

Mortgage Interest: _____

Property Taxes: _____

Mortgage Insurance: _____

Rent: _____

Repairs & Maintenance: _____

Other Expenses _____

Furniture, Equipment and Tools purchased for more that \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on a separate piece of paper with the **Date Purchased, Description, and Purchase Price.**