

# SOUND

## NW TAX SERVICES

After completing, please save and upload to our portal. For an invitation to the portal or any questions, please email [vicky@soundnwtax.com](mailto:vicky@soundnwtax.com)

### SMALL BUSINESS TAX ORGANIZER

#### GENERAL BUSINESS INFORMATION

Name of Business \_\_\_\_\_ Owner \_\_\_\_\_ EIN or SS # \_\_\_\_\_  
Type of Business (Industry) \_\_\_\_\_ Business Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_ Sole Proprietor \_\_\_\_ S-Corp \_\_\_\_ C-Corp \_\_\_\_ LLC \_\_\_\_ Partnership Accounting Method \_\_\_\_ Cash \_\_\_\_ Accrual  
Start Date \_\_\_\_\_ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) \_\_\_\_\_

#### INCOME & EXPENSES

##### TOTAL REVENUE (1099's plus other revenue)

Less Returns and Allowances \_\_\_\_\_

##### EXPENSES

Advertising \_\_\_\_\_  
Automobile Expense (complete section to right) \_\_\_\_\_  
Bank Service Charges \_\_\_\_\_  
Cleaning & Janitorial \_\_\_\_\_  
Commissions/Independent Contractors \_\_\_\_\_  
Computer & Internet Expenses \_\_\_\_\_  
Dues & Publications \_\_\_\_\_  
Education & Seminars \_\_\_\_\_  
Employee Benefit Programs \_\_\_\_\_  
Fines & Penalties (Non-Deductable) \_\_\_\_\_  
Insurance (Fire, Liability, Workers Comp) \_\_\_\_\_  
    Health Insurance \_\_\_\_\_  
    Life & Disability Insurance \_\_\_\_\_  
Interest (Business Related) \_\_\_\_\_  
Legal & Professional Fees \_\_\_\_\_  
Licenses & Permits \_\_\_\_\_  
Office Supplies & Expenses \_\_\_\_\_  
Postage & Freight \_\_\_\_\_  
Rent/Lease Business Property \_\_\_\_\_  
Repairs & Maintenance \_\_\_\_\_  
Supplies \_\_\_\_\_  
Taxes (not Income Tax or Sales Tax) \_\_\_\_\_  
Travel & Lodging (Out of Town) \_\_\_\_\_  
Meals & Entertainment \_\_\_\_\_  
Telephone (Local, Long Distance, Cell) \_\_\_\_\_  
Tools Replacement \_\_\_\_\_  
Uniforms \_\_\_\_\_  
Utilities \_\_\_\_\_  
Wages & Salaries Paid Out \_\_\_\_\_  
    Payroll Taxes \_\_\_\_\_  
Other Expenses (Please List) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### COST OF GOODS SOLD

Product Purchased for Resale \_\_\_\_\_  
Product Used for Personal Use \_\_\_\_\_  
Materials and 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 (All Fields Required)**  
    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 \_\_\_\_\_

#### OFFICE IN HOME EXPENSES

Area Used Exclusively for Business \_\_\_\_\_ sq. ft.  
Total Area of Home \_\_\_\_\_ sq. ft.  
Mortgage Interest \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Mortgage Insurance \_\_\_\_\_  
Homeowners Insurance \_\_\_\_\_  
Rent \_\_\_\_\_  
Repairs & Maintenance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Other Expenses \_\_\_\_\_

#### NEW EQUIPMENT PURCHASED

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