

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

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.