

SMALL BUSINESS TAX ORGANIZER

After completing, please save and upload to our portal. For an invitation to the portal or any questions, please email vicky@soundnwtax.com

GENERAL BUSINESS INFORMATION

Name of Business _____	Owner _____	EIN or SSN _____
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 (1099s plus other revenue) _____

Tips Received (amount included in Total 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 _____

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.