



Tax Year _____

Business Tax Organizer

CLIENT INFORMATION

Sole Proprietor Partnership LLC/LLP S Corporation C Corporation

Legal Business Name _____

Doing Business As (DBA) _____

Principle business/profession _____

Principle business code _____

Employer Identification Number (EIN) _____

State Tax ID Number _____

Principle business location

Street Address _____

City, State, Zip _____

Mailing Address

Street Address _____

City, State, Zip _____

SHAREHOLDER, PARTNER AND/OR OFFICER INFORMATION

Name		
Identification Number		
Address		
No. of shares owned		
% of stock owned at YE		
Title		

Name		
Identification Number		
Address		
No. of shares owned		
% of stock owned at YE		
Title		



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TAX YEAR _____

GENERAL INFORMATION

Accounting method Cash _____ Accrual _____
Inventory method Cost _____ Lower c/m _____ Other _____

INCOME

Gross receipts or sales (Form 1099 MISC box 7) _____
Returns and allowances _____
Other income:

COST OF GOODS SOLD (does not apply to most MLM businesses)

Inventory at beginning of year _____
Purchases _____
Cost of items for personal use _____
Cost of labor _____
Material and supplies _____
Other Costs:

Inventory at end of year _____

MULTI-LEVEL MARKETING EXPENSES

Required amount spent to earn commission (all positions) _____
Renewals (all positions) _____
Samples _____
Amount spent to maintain earning level _____
Other _____



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TAX YEAR _____

BUSINESS EXPENSES

Accounting	_____	Pension & profit sharing plan - costs	_____
Advertising	_____	Postage	_____
Answering Service	_____	Printing	_____
Bad Debt	_____	Rent - equipment	_____
Bank Charges	_____	Rent - real estate	_____
Car & truck actual expenses	_____	Rent - other	_____
Total Mileage	_____	Repairs & Maintenance	_____
Business Mileage	_____	Security	_____
Commissions	_____	Start up costs	_____
Contract Labor	_____	Supplies	_____
Delivery & freight	_____	Taxes - real estate	_____
Dues & subscriptions	_____	Taxes - payroll	_____
Employee benefits program	_____	Taxes - state/franchise	_____
Insurance - liability	_____	Taxes - other	_____
Insurance - health (owners)	_____	Telephone	_____
Insurance - health (employees)	_____	Tools	_____
Insurance - other	_____	Travel	_____
Interest	_____	Uniforms	_____
Other interest paid	_____	Utilities	_____
Janitorial	_____	Wages (owners)	_____
Legal & professional	_____	Wages (employees)	_____
Meals & Entertainment	_____	Other	_____
Medical	_____	_____	_____
Office Expense	_____	_____	_____
Outside Services	_____	_____	_____
Parking & Tolls	_____	_____	_____
Pension & Profit sharing plan	_____	_____	_____
contributions	_____	_____	_____



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TAX YEAR _____

BALANCE SHEET

Assets

Total Cash at January 1, 2017 (all checking & savings accounts) _____

Total Cash at December 31, 2017 (all checking & savings accounts) _____

Accounts Receivable _____

Loans to employees _____

Loans TO shareholders/partners from the business _____

Depreciable Assets (please include depreciation schedule) _____

Accumulated Depreciation _____

Other Assets _____

LIABILITIES & EQUITY

Accounts Payable _____

Notes Payable (credit cards, loans, line of credit, etc) _____

Loans FROM shareholders/partners of the business _____

Other Liabilities _____

Corporate stock issued to owners (corporations only) _____

Additional Paid in capital _____

Distributions to shareholders/partners _____



ASSET ACQUISITION LIST

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc) or converted any personal assets to business, please enter all pertinent information

Description of property	Date placed in service	Cost

ASSET DISPOSITION LIST

If you disposed of any assets, please enter date sold, sales price, and expense of sale. For real estate transactions, please attach all Form 1099-S and closing statements

Description of property	Date Sold	Sale price	Expense of sale

BUSINESS USE OF HOME

Square footage of home _____

Square footage used for business _____

INDIRECT EXPENSES

DIRECT EXPENSES

Insurance _____
 Rent _____
 Repairs/Maintenance _____
 Security _____
 Utilities _____
 Other Costs _____

Insurance _____
 Rent _____
 Repairs/Maintenance _____
 Utilities _____
 Other Costs _____

**Indirect expenses are those that relate to the upkeep and running of the entire house

**Direct expenses relate to those specific to the business use of the home