Business Tax Organizer

Information about Self-Employed Individual

Business Name (if applicable) _____

Business Address _____ City_____ State_____ Zip_____

Describe your business: _____

Business belongs to: ☐ Taxpayer ☐ Spouse ☐ Both Employer ID# (EIN, if you have one)_____

Business start date:_____ Do you carry inventory? ☐ Yes ☐ No *If YES, please fill out COGS worksheet.*

Total Health Insurance Premiums Paid (Taxpayers only, not including employees) $_____

Income

Total Sales	$_____
Returns/Refunds	$_____
Total Income	$_____

Business Expenses

Advertising	$_____	Travel	$_____
Contract Labor	$_____	Local Meals and Entertainment	$_____
Employee Benefit Programs *(including employee health insurance)*	$_____	Utilities (not home office utilities)	$_____
		Wages (only if you issue W2s)	$_____
Interest Paid *(do not include auto or home interest)*	$_____	Cell Phone – 100% of total	$_____
		Designate % of business use:____%	
Legal and Professional Services	$_____	Telephone Expense	$_____
Office Expense *(do not include equipment purchases; list below under Asset purchases)*	$_____	Professional Development	$_____
		Internet Service	$_____
		Parking and Tolls	$_____
Rent or Lease *(vehicles, machinery and equipment)*	$_____	Other Expenses *(list and total by Category)*	
Rent *(Office, storage)*	$_____	_____	$_____
Repairs & Maintenance	$_____	_____	$_____
Supplies and small tools *(do not include equipment purchases; list below under Asset Purchases)*	$_____	_____	$_____
		_____	$_____
		_____	$_____
Taxes and Licenses *(do not include real estate taxes for home office)*	$_____	_____	$_____
		Total Business Expense	$_____

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COGS Worksheet - *Complete only if your company carries inventory*

Beginning Inventory on hand 1/1/2012		$_____
Purchases of Product		$_____
Cost of Labor related to sale or production		$_____
Materials and Supplies		$_____
Other costs related to sale or production		$_____
Closing Inventory at end of year		$_____
	COGS	$_____

Business Use of Automobile

If you used your automobile for conducting business, you can claim expenses for business use of your vehicle. You must have proof of business use in the form of a mileage log or a written calendar unless you can show your vehicle was 100% business use. Taxpayers can take either actual expenses or standard mileage; if you are taking standard mileage, there is no need to fill in actual expenses.

Please provide the following information for each vehicle you used in this business.

Make _____ Model _____ Year _____

Purchase Date _____ Purchase Price _____

Date vehicle first used for your business _____

For this tax year, enter the number of miles this vehicle was used for the following:

_____ Business use (not including commuter miles)
_____ Commuting Miles
_____ Personal Use Miles
_____ **Total Miles**

Interest paid on loan for vehicle $_____

Yes	**No**	
☐	☐	Do you have another vehicle available for personal use
☐	☐	Was your vehicle available for your use during off hours?
☐	☐	Do you have evidence to support business use of your vehicle?
☐	☐	If Yes, is the evidence written in the form of a log or calendar?

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Auto Expenses

Garage rent	$_____	Other expenses (list by category)	
Gas/Oil	$_____	_____	$_____
Insurance	$_____	_____	$_____
Licenses	$_____	_____	$_____
Parking	$_____	_____	$_____
Lease payments	$_____	_____	$_____
Repairs	$_____	_____	$_____
Tires	$_____	_____	$_____
Tolls	$_____	_____	$_____
Registration fees	$_____	_____	$_____

Business Use of Home

Did you use a portion of your home for regular and exclusive business use? ☐ Yes ☐ No

Date you first used your home for business: _____

Area of home used regularly and exclusively for business use: _____

Total Area of home: _____

Rent Paid: $_____

Insurance Paid: $_____

Repairs and Maintenance (for entire home): $_____

Repairs and Maintenance (relevant to business use area only): $_____

Utilities: $_____

* Please provide backup documents for home mortgage interest paid and real estate taxes paid.

Other Expenses - Please list

_____	$_____
_____	$_____
_____	$_____
_____	$_____

Asset Purchasing *(anything tangible over $500)*

Description	Date Purchased	Total Cost
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____