

BUSINESS ORGANIZER

<i>Use this form for itemizing business expenses for your individual (Schedule C), corporate (S Corp or LLC) or partnership (regular or LLC) tax returns.</i>		
Business Owner Name	Employer ID#	
Business Name		
Business Address	Indicate Tax Type (select one) <input type="checkbox"/> Individual/Proprietorship (Schedule C) <input type="checkbox"/> S Corporation (1120S) <input type="checkbox"/> Partnership (1065)	
Description of products or service		
Business Income Attach Form(s) 1099, if any Gross business sales receipts (including portion not on 1099 Forms) \$ _____ Less returns & allowances) \$ _____ Other income (indicate type): _____ \$ _____ _____ \$ _____	Note: the following expense items are listed on pages 2: <ul style="list-style-type: none"> Cost of sales items for goods & products sold Vehicle expenses (mileage, acquisition, associated expenses) Business equipment, computers, furniture, etc. Home office expenses 	
General Business Expense Deductions <i>(please provide summary total for each expense)</i>		
Advertising Commissions & fees paid (1099-MISC) Contract labor paid (1099-MISC) Health insurance Insurance - business (non-vehicle) Interest - mortgage (1098) on business property only Interest - other (trade, credit card, non-auto loans) Professional services - legal & other Professional services - tax & accounting Office supplies & expense (list assets below/page 2) Rent - machinery & equipment Rent - building Repairs & maintenance (non-vehicle) Supplies Taxes - payroll Taxes - property Taxes - sales (if included in income above) Taxes - licenses & fees Travel - lodging & transportation Travel - meals & entertainment (list full amount) Utilities (list home office on page 2) Wages paid (attach W-2 & W-3 forms)	Bank charges Chargebacks Credit card merchant fees Customer gifts & incentives Dues & subscriptions Education Internet Marketing supplies & expenses Postage Printing Promotion Recruiting Telephone – cell phone Telephone – exclusive business line or fax Uniforms (not usable outside work) Other expenses (not above or below) _____ \$ _____ _____ \$ _____ <input type="checkbox"/> Check if paid any person, LLC or partnership \$600+ <input type="checkbox"/> Check if required 1099 was issued for \$600+ paid	
Vehicle Expenses: Complete only if applicable and select one method of calculation		
<input type="checkbox"/> STANDARD MILEAGE Date vehicle was placed in service Vehicle year, make & model TOTAL mileage driven during the year BUSINESS mileage driven during the year	Vehicle #1	Vehicle #2
<input type="checkbox"/> ACTUAL EXPENSES Operating expenses (fuel, repairs, maintenance, insurance, registration, etc.) Business parking fees & tolls (exclude personal)	Vehicle #1	Vehicle #2