

## \*\*\*BUSINESS ORGANIZER\*\*\*

Use for your business expenses for your individual (Schedule C), corporate (S Corp or LLC) or partnership (regular or LLC) tax returns

Section 1 - Identity: Complete entire section for all businesses										
Business owner name:	Employer ID#									
Business name (legal or fictitious name):		Tax year:								
Description of product or service:		Indicate Tax Type (select one)								
Business address (if not home address):		Individual/Proprietorship								
			(Schedule C)							
Check if legally formed as an LLC			S Corporation (1120S)							
Check if you did NOT materially particip	pate in the business during the	year	Partnership (1065)							
Section 2 - Business Income: Comple	te applicable lines									
(attach Form(s) 1099, if any)		Please note: the following expense ite	ms are listed on pages 2 & 3							
Gross business sales receipts		Cost of sales items for goods & products sold								
(including portion not on 1099 Forms)	\$	Vehicle expenses (mileage, acquisition	sition, associated expenses)							
Less: returns & allowances	\$	Business equipment, computers, furn	rniture, etc.							
Other income (indicate type):		Home office expenses	ice expenses							
	\$									
	\$									
Section 3 - General Business E	xpense Deductions:	Complete applicable lines	only							
Advertising	\$	Bank charges	\$							
Commissions & fees paid (1099-MISC)	\$	Chargebacks/Returns	\$							
Contract labor paid (1099-MISC)	\$	Credit card merchant fees	\$							
Health insurance	\$	Customer gifts & incentives	\$							
Insurance - business (non-vehicle)	\$	Dues and subscriptions	\$							
Interest - mortgage (1098) on business property	only \$	Education	\$							
Interest - other (trade, credit card, non-auto loar	ns) \$	Internet	\$							
Professional services - legal & other	\$	Marketing supplies & expense	\$							
Professional services - tax & accounting	\$	Postage	\$							
Office supplies & expense (list assets below/pag	ge 2) \$	Printing	\$							
Rent - machinery & equipment	\$	Promotion	\$							
Rent - building	\$	Recruiting	\$							
Repairs & maintenance (non-vehicle)	\$	Telephone - cell phone	\$							
Supplies	\$	Telephone - exclusive business line or fa	x \$							
Taxes - payroll	\$	Uniforms (not usable outside work)	\$							
Taxes - property	\$	Other expenses (not above or below/pag	es 2-3)							
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)	\$		\$							



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Section 4 - Vehicle Expenses: Complete only if applicable							
	, , , ,		Vehicle #1	Vehic	cle #2		
Date vehicle was placed in service							
Vehicle year, make & model							
TOTAL mileage driven during the year	•						
	BUSINESS mileage driven during the year (do not include commuting)						
Check if using STANDARD MILEAGE and proceed to Section 5							
Check if using ACTUAL EXPENSES & complete information below							
Operating expenses including gasoline, oil, repairs	Operating expenses including gasoline, oil, repairs, maintenance,						
insurance, registration, (not traffic violations,) etc.		\$		\$			
Business parking fees & tolls (exclude personal)		\$		\$			
If you OWN the vehicle(s):							
Date purchased							
Vehicle cost		\$		\$			
Vehicle loan interest paid during the year		\$		\$			
If you LEASE the vehicle(s):							
Date lease began							
Length of lease							
Cost of vehicle if you had purchased it		\$		\$			
Down payment on lease		\$		\$			
Lease payments for the year		\$		\$			
Section 5 - Business Assets Acquired							
Occion o Business Assets Acquired				<u> </u>			
Did you acquire assets used in your business during th	e year (computer(s	s), equipment, f	urniture, etc.)?	Yes	No		
If Yes, provide details below for each; if no, procee	ed to Section 6 (if ne	ecessary, use a	additional sheets):				
DESCRIPTION			DATE PURCHASED	cos	Γ		
				\$			
				\$			
				\$			
				\$			
				\$			
Section 6 - Cost of Sales: only if selling goods	Inroduct	Section	7 - S Corp & Part	norchin Itoms	Only		
			•	•	Office		
Inventory on January 1	\$	Cash in bank		\$			
Goods purchased	<b>5</b>	•	on December 31	\$			
Less: items removed for personal use	\$	1	line of credits & notes payab				
Less: inventory on December 31	\$		line of credits & notes payat				
Other production costs		Personal fund	ds deposited in business du	ring year \$			
Labor for production & manufacturing	\$	Funds paid or	ut to owner(s) during the yea				
Materials & supplies for product	\$	Investments	or foreign bank accounts?	Yes	No		
Other product costs (indicate type):							
	\$						
	\$						



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Section 8 - Home Office (for individual proprietorship/Schedule C only)							
Check if you meet the primary & exclusive use test. If you have questions see below.							
Space (square feet) used exclusively for your business office/storage							
Total space (square feet) of your home							
Date home acquired & date home placed in service							
Original cost of home & cost of subsequent improvements \$				\$			
Deductible home mortgage int (100% from Form 1098)	\$						
Real estate taxes paid (100%)	\$						
Insurance (100%)	\$						
Rent (100%)	\$						
Repairs & maintenance (whole house)	\$						
Repairs & maintenance (specific to business space)	\$						
Utilities (100%)	\$						
Other expenses at 100% (security, HOA, etc.)							
	\$						
	\$						
	\$						
Home Office Rules for Schedule C Business Entities (not allowed for S Corp or Partnership):							
1) You must meet one of the following three usage requirements:							
(1) Separate structure not attached to the dwelling unit that is used exclusively & regularly for your business activity.  (2) If within your living structure, a room/space used regularly to physically meet with customers and never used for personal purposes.							
3) Or, if within your living structure, a room/space used as the only office space for your business (no commercial location) and you							
either spend the majority of your time working there (not out of the house) or it is the only suitable place for performing administrative or							
management activities required by the business. If you sell retail product, it may also include the storage space for the product.							
f you qualify under any one of the three rules above, the home office must be used EXCLUSIVELY for the business.  The must be regularly used for the business; you must use the home office in connection with your work on a continuous, ongoing or recurring							
basis. Generally, at least a few hours every week. Occasional or sporadic business usage will not pass the test.							