

BUSINESS TAX ORGANIZER

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GENERAL BUSINESS INFORMATION

Name of Business _____ Owner _____ EIN or SS # _____
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 _____

INCOME & EXPENSES

TOTAL INCOME (1099's plus other 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 _____

Insurance (business liability, workers comp) _____

Health Insurance _____

Interest (business related) _____

Legal & Professional Fees _____

Licenses & Permits _____

Meals _____

Office Supplies & Expenses _____

Postage & Freight _____

Rent/Lease Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes _____

Travel & Lodging _____

Telephone _____

Tools _____

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 _____ mi.

Commuting Miles _____ mi.

Other Personal Miles _____ mi.

Total Miles _____ mi.

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 _____

NEW EQUIPMENT PURCHASED

Furniture, Equipment and Tools Purchases for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list with the **Date Purchased, Description, and Purchase Price.**