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 (See Other Organizer for W2 Employee Business Exp)							
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 partic	ipate in the business during the	year	Partnership (1065)				
Section 2 - Business Income: Complete applicable lines							
(attach Form(s) 1099, if any)		Please note: the following expense in	tems are listed on pages 2 & 3				
Gross business sales receipts		Cost of sales items for goods & proc	ducts sold				
(including portion not on 1099 Forms)	\$	Vehicle expenses (mileage, acquisit	ion, associated expenses)				
Less: returns & allowances	\$	Business equipment, computers, fur	rniture, etc.				
Other income (indicate type):		Home office expenses					
	\$	Employee Business Expenses for W2 w	age earner has a separate organizer				
	\$						
Section 3 - General Business Expense Deductions: Complete applicable lines only							
Advertising	\$	Bank charges	\$				
Commissions & fees paid (1099-MISC)	\$	Chargebacks	\$				
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 propert	y only \$	Education	\$				
Interest - other (trade, credit card, non-auto loa	ins) \$	Internet	\$				
Professional services - legal & other	\$	Marketing supplies & expense	\$				
Professional services - tax & accounting	\$	Postage	\$				
Office supplies & expense (list assets below/pa	age 2) \$	Printing	\$				
Rent - machinery & equipment	\$	Promotion	\$				
Rent - building	\$	Recruiting	\$				
Repairs & maintenance (non-vehicle)	\$	Telephone - cell phone	\$				
Supplies	\$	Telephone - exclusive business line or fa	ax \$				
Taxes - payroll	\$	Uniforms (not usable outside work)	\$				
Taxes - property	\$	Other expenses (not above or below/page	ges 2-3)				
Taxes - sales (if included in income above)	\$		\$				
Taxes - licenses & fees	\$		\$				
Travel - lodging & transportation	\$		\$				
Travel - meals & entertainment (list full amount	t) \$		\$				
Utilities (list home office on page 2)	\$	-Check if paid any persor	n, LLC or parnership \$600 or more				
Wages paid (attach W-2 & W-3 forms)	•		was issued for \$600 or more haid				

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Section 4 - Vehicle Expenses: Comp	olete only if ap	plicable				
	, ,		cle #1	Vehicle #2		
Date vehicle was placed in service						
Vehicle year, make & model						
TOTAL mileage driven during the year						
BUSINESS mileage driven during the year (do r	1)					
Check if using STANDARD MILEAGE and proceed to Section 5						
- 						
Check if using ACTUAL EXPENSES & complete information below						
insurance, registration, (not traffic violations,) e	Operating expenses including gasoline, oil, repairs, maintenance,					
Business parking fees & tolls (exclude personal)		\$	\$			
	1	Ψ	Ψ			
If you OWN the vehicle(s):						
Date purchased		Φ.	Φ			
Vehicle cost		\$	\$			
Vehicle loan interest paid during the year		\$	\$ <u></u>			
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		\$	\$			
Did you acquire assets used in your business during the year (computer(s), equipment, furniture, etc.)? If Yes, provide details below for each; if no, proceed to Section 6 (if necessary, use additional sheets):						
DESCRIPTION		DATE PU	RCHASED	COST		
			\$			
			\$			
			\$			
			\$			
			\$			
Section 6 - Cost of Sales: only if selling goo	nds/product	Section 7 - S Co		n Items Only		
, , ,						
Inventory on January 1	\$	Cash in bank on January		\$		
Goods purchased	\$	Cash in bank on December		\$		
Less: items removed for personal use	\$	Credit cards, line of credit				
Less: inventory on December 31	\$	Credit cards, line of credit	s & notes payable on Dec	2. 31 \$		
Other production costs						
		Personal funds deposited	in business during year	\$		
Labor for production & manufacturing	\$	Personal funds deposited Funds paid out to owner(s		\$ \$		
Labor for production & manufacturing Materials & supplies for product	\$	•) during the year	\$ \$ Yes No		
•	\$	Funds paid out to owner(s) during the year	\$ \$ Yes No		

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Section 8 - Home Office (for individual proprietorship/Schedule C only)					
Check if you meet the primary & exclusive use tes	st. If you have question	is see below (required for both safe harbor & actual expense methods).			
Space (square feet) used exclusively for your business office/storage					
Total space (square feet) of your home					
Check if you intend to us safe harbor method this year rather than actual expense method (if so, amounts below are not required).					
Date home acquired & date home placed in service					
i '					
Original cost of home & cost of subsequent impro	vements	\$ \$			
Deductible home mortgage int (100% from Form 1098)	\$	HOME OFFICE SAFE HARBOR ADVANTAGES & DISADVANTAGES			
Real estate taxes paid (100%)	\$	+ easier (recordkeeping and calculation of deductions skipped)			
Insurance (100%)	\$	+/- no depreciation (lose current deduction but avoid future recapture)			
Rent (100%)	\$	- limited (both square footage (300) and amount (\$5 x 300 = \$1500))			
Repairs & maintenance (whole house)	\$	- no carryover if Schedule C loss (vs. carryover with actual exp.)			
Repairs & maintenance (specific to business space)	\$	- prohibited if any employer reimbursement received			
Utilities (100%)	\$	- if Sch. C income, may result in lower deduction & higher			
Other expenses at 100% (security, HOA, etc.)		income & social security/self-employment taxes			
	\$	- prohibits use of any prior year actual expense carryover			
	\$	If you desire an analysis for your situation, check here and complete			
	\$	all the data for the actual expense method:			
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. 2) If you qualify under any one of the three rules above, the home office must be used EXCLUSIVELY for the business.					
3) It 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.					