

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	n for all business	es (See Othe	r Organizer for W2 Em	oloyee E	Business E	xp)
Business owner name:				Employer ID#			
Business name (legal or fictitious name):					Tax	year:	
Description of product or service:					Indicate	Tax Type (se	elect one)
Business address (if not home address):					Ind	ividual/Propri	etorship
					(S	chedule C)	
Check if legally formed as an LLC					sc	Corporation (1	120S)
Check if you did NOT materially participate in the business during the year			ar			rtnership (106	
Section 2 - Business Income: Complete appl	licable lines			<u></u>			
(attach Form(s) 1099, if any)		F	Please note	the following expense iter	ns are lis	ted on page	s 2 & 3
Gross business sales receipts			Cost of s	ales items for goods & produ	cts sold		
(including portion not on 1099 Forms)	\$		Vehicle e	expenses (mileage, acquisitio	n, associa	ited expenses	s)
Less: returns & allowances	\$		Business	equipment, computers, furni	niture, etc.		
Other income (indicate type):			Home off	ice expenses			
	\$		Employee I	Business Expenses for W2 wag	ge earner h	nas a separate	organizer
	\$						
Section 3 - General Business Expens	se Deductions	s: C	omplete	e applicable lines o	nly		
Advertising	\$		ank charge:			\$	
Commissions & fees paid (1099-MISC)	\$	C	hargebacks	3		\$	
Contract labor paid (1099-MISC)	\$	C	redit card m	nerchant fees		\$	
Entertainment (Business/Nondeductible)	\$	C	ustomer gif	ts & incentives		\$	
Health insurance	\$	D	ues and su	bscriptions		\$	
Insurance - business (non-vehicle)	\$	E	ducation			\$	
Interest - mortgage (1098) on business property only	\$	Ir	nternet			\$	
Interest - other (trade, credit card, non-auto loans)	\$	N	larketing su	pplies & expense		\$	
Professional services - legal & other	\$	P	ostage			\$	
Professional services - tax & accounting	\$	P	rinting			\$	
Meals (100%-with business associates or in travel)	\$	P	romotion			\$	
Office supplies & expense (list assets below/page 2)	\$	R	ecruiting			\$	
Rent - machinery & equipment	\$	Т	elephone - (cell phone		\$	
Rent - building	\$	Т	elephone -	exclusive business line or fax	(\$	
Repairs & maintenance (non-vehicle)	\$	U	niforms (no	t usable outside work)		\$	
Supplies	\$	C	ther expens	ses (not above or below/page	es 2-3)		
Taxes - payroll	\$					\$	
Taxes - property	\$					\$	
Taxes - sales (if included in income above)	\$					\$	
Taxes - licenses & fees	\$					\$	
Travel - lodging & transportation	\$					\$	
Utilities (list home office on page 2)	\$			-Check if paid any person,	LLC or pa	rnership \$60	0 or more
Wages paid (attach W-2 & W-3 forms)	\$			-Check if required 1099 wa	s issued f	or \$600 or m	ore paid



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Section 4 - Vehicle Expenses: Comple	ete only if app	licable			
Check to affirm you have documented evidence	to support this deduct	ion. Vehic	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 no	ot include commuting)				
Check if using STANDARD MILEAGE and proce	ed to Section 5				
Check if using ACTUAL EXPENSES & complete	information below				
Operating expenses including gasoline, oil, repairs, maintenance,					
insurance, registration, (not traffic violations), et	tc.	\$	\$		
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 E. Business Assets Assuired					
Section 5 - Business Assets Acquired	1				
Did you acquire assets used in your business during	the year (computer(s)	, equipment, furniture, etc.)	?	Yes No	
If Yes, provide details below for each; if no, proce	eed to Section 6 (if ne	cessary, use additional shee	ets):		
DESCRIPTION		DATE PU	RCHASED	COST	
			\$		
			\$		
			\$		
			\$		
			\$		
Section 6 - Cost of Sales: only if selling goods	s/product	Section 7 - S Co	rp & Partnershi	p Items Only	
Inventory on January 1	\$	Cash in bank on January 1		\$	
Goods purchased	\$	Cash in bank on December	er 31	\$	
Less: items removed for personal use	\$	Credit cards, line of credits	s & notes payable on Ja	n. 1 \$	
Less: inventory on December 31	\$	Credit cards, line of credits			
Other production costs		Personal funds deposited		\$	
Labor for production & manufacturing	\$	Funds paid out to owner(s) during the year	\$	
Materials & supplies for product	\$	Investments or foreign bar		Yes No	
Other product costs (indicate type):]			
7,77	\$				
	\$				



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Section 8 - Home Office (for individual proprietorship/Schedule C only)							
Check if you meet the primary & exclusive use te	st. If you have question	s see below (required for both	ı safe harbor & actual expense metho	ds).			
Space (square feet) used exclusively for your but	siness 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, amou	nts below are not required).				
Date home acquired & date home placed in servi	ice						
Original cost of home & cost of subsequent improvements		\$	\$				
Deductible home mortgage int (100% from Form 1098)	\$	HOME OFFICE SAFE HA	ARBOR ADVANTAGES & DISADVANTAG	ES			
Real estate taxes paid (100%)	\$	+ easier (recordkeeping ar	nd calculation of deductions skipped)				
Insurance (100%)	\$	+/- no depreciation (lose c	urrent deduction but avoid future reca	pture)			
Rent (100%)	\$	- limited (both square foota	age (300) and amount (\$5 x 300 = \$15	500))			
Repairs & maintenance (whole house)	\$	- no carryover if Schedule	C loss (vs. carryover with actual exp.)				
Repairs & maintenance (specific to business space)	\$	- prohibited if any employe	r reimbursement received				
Utilities (100%)	\$	- if Sch. C income, may re	sult 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 comple	ete			
	\$	all the data for the actual e	xpense method:				
Home Office Rules for Schedule C Bu	usiness Entities	(not allowed for S	Corp or Partnership):				
1) You must meet one of the following three usage requ	irements:	•	,				
(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.							