

BISHOFF + ASSOCIATES
SMALL BUSINESS TAX ORGANIZER

GENERAL BUSINESS INFORMATION

Name of Business _____ Type of Biz (Industry) _____ EIN or SS # _____ Business Address _____ Entity Type (Circle) Sole Proprietor S-Corp C-Corp LLC Partnership _____ Start Date _____ Other Phone _____	Owner _____ Business Phone _____ Email _____ Accounting Method (Circle) Cash Accrual _____ S-Election Date _____ Other Email _____
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INCOME & EXPENSES

BEGINNING BANK BALANCE _____ TOTAL INCOME <i>(1099's & other revenue)</i> _____ Less Returns & Allowances _____ Less Loans, Personal Funds, etc. _____ EXPENSES <i>(Business Only)</i> _____ Accounting & Tax Prep _____ Advertising _____ Bank Service Charges _____ Commissions _____ Compensation of Officers _____ Computer & Internet Expenses _____ Credit Card Processing Fees _____ Delivery & Freight _____ Dues & Publications _____ Education & Seminars _____ Employee Benefit Programs _____	ENDING BANK BALANCE _____ COST OF GOODS SOLD _____ Beginning Inventory _____ Product Purchases (Resale) _____ Product Purchases (Personal) _____ Materials & Supplies _____ Contract Labor _____ Ending Inventory _____ <div style="background-color: #2c4e64; color: white; padding: 5px; text-align: center;">BUSINESS USE OF VEHICLE <i>(Duplicate for Additional Vehicles)</i></div> Vehicle Description _____ Date Placed in Service _____ Original Purchase Price _____ Mileage <i>(All Fields Required)</i> _____ Business Miles _____
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Gift Expense	
Independent Contractors	
Insurance <i>(Fire, Liability, Workers Comp)</i>	
Insurance <i>(Employee Health)</i>	
Insurance <i>(Owner Health)</i>	
Insurance <i>(Life & Disability)</i>	
Interest <i>(Business Related)</i>	
Janitorial	
Laundry & Cleaning	
Legal & Professional	
Licenses & Permits	
Meals <i>(Clients, Prospects, Colleagues)</i>	
Miscellaneous	
Office Expense	
Organizational Expense	
Outside Services	
Parking & Tolls	
Postage	
Promotions <i>(Events, Mixers, etc.)</i>	
Rent <i>(Building, Facility, Office)</i>	
Rent <i>(Leases, Equipment, Vehicles)</i>	
Repairs & Maintenance <i>(Not Home Office)</i>	
Security	
Supplies	
Taxes <i>(Sales Tax)</i>	
Taxes <i>(Other)</i>	
Taxes <i>(Real Estate)</i>	
Telephone <i>(Cell, Local, Long Distance)</i>	
Tools Replacement	
Travel & Lodging <i>(Out of Town)</i>	
Uniforms	
Utilities <i>(Not Home Office)</i>	

Commuting Miles	
Other Personal Miles	
Total Miles	

Actual Expenses Paid *(If NOT Using Mileage Expense)*

Gasoline & Oil	
Repairs, Tires, Car Washes	
Auto Insurance	
Registration Fees	
Vehicle Loan Interest	

OFFICE IN HOME EXPENSES

Area Used 100% Business	<i>sq. ft.</i>
Total Area of Home	<i>sq. ft.</i>
Mortgage Interest	
Property Taxes	
Mortgage Insurance	
Homeowners Insurance	
Rent	
Repairs & Maintenance	
Utilities	
Other Expenses	

INCOME & EXPENSES (CONTINUED)

Wages & Salaries

Payroll Taxes

Other Expenses (Please List)

Description	Amount

Other Expenses (Please List)

Description	Amount

NEW EQUIPMENT PURCHASED

Furniture, Equipment, and Tools Purchased for more than \$500 each, that are expected to last longer than one year, must be capitalized and depreciated.

Please list each purchase with the **Date Purchased**, **Description**, and **Purchase Price**.

Date	Description	Price

Date	Description	Price

NOTES/COMMENTS
