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 participate in the	e business during the	e year	Partnership (1065)				
Section 2 - Business Income: Complete appli							
(attach Form(s) 1099, if any)		Please note: the following expense	items 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, acqui	sition, associated expenses)				
Less: returns & allowances	\$	Business equipment, computers, f	furniture, etc.				
Other income (indicate type):	1	Home office expenses					
	\$	· ·	2 wage earner has a separate organizer				
	\$						
Section 3 - General Business Expens	e Deductions	: Complete applicable line	s only				
Advertising	\$		\$				
Commissions & fees paid (1099-NEC)	\$		\$				
Contract labor paid (1099-NEC)	\$	Credit card merchant fees	\$				
Entertainment (Business/Nondeductible)	\$	Customer gifts & incentives	\$				
Health insurance	\$	Dues and subscriptions	\$				
Insurance - business (non-vehicle)	\$	Education	\$				
Interest - mortgage (1098) on business property only	\$	Internet	\$				
Interest - other (trade, credit card, non-auto loans)	\$	Marketing supplies & expense	\$				
Professional services - legal & other	\$	Postage	\$				
Professional services - tax & accounting	\$	Printing	\$				
Meals (100%-with business associates or in travel)	\$	Promotion	\$				
Office supplies & expense (list assets below/page 2)	\$	Recruiting	\$				
Rent - machinery & equipment	\$	Telephone - cell phone	\$				
Rent - building	\$	Telephone - exclusive business line o	r fax \$				
Repairs & maintenance (non-vehicle)	\$	Uniforms (not usable outside work)	\$				
Supplies	\$	Other expenses (not above or below/p	pages 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 pers	son, LLC or parnership \$600 or more				
Wages paid (attach W-2 & W-3 forms)	\$	-Check if required 1099	9 was issued for \$600 or more paid				

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Section 4 - Vehicle Expenses: Complete only if applicable						
Check to affirm you have documented evidence to			nicle #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 not include commuting)					
	-					
Check if using STANDARD MILEAGE and proceed	ed to Section 5					
Check if using ACTUAL EXPENSES & complete information below						
Operating expenses including gasoline, oil, repair	Operating expenses including gasoline, oil, repairs, maintenance,					
insurance, registration, (not traffic violations), etc	С.	\$	\$			
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		\$	\$			
Continue E. Dunimono Annata Annuiro d						
Section 5 - Business Assets Acquired						
Did you acquire assets used in your business during t	he year (computer(s)	, equipment, furniture, etc	:.)?	Yes No		
If Yes, provide details below for each; if no, proce	ed to Section 6 (if ne	cessary, use additional sh	neets):			
DESCRIPTION		DATE P	URCHASED	COST		
			\$			
			\$			
			\$			
			\$			
			\$			
Section 6 - Cost of Sales: only if selling goods	s/product	Section 7 - S C	orp & Partnersi	hip Items Only		
Inventory on January 1	\$	Cash in bank on January	y 1	\$		
Goods purchased	\$	Cash in bank on Decem	ber 31	\$		
Less: items removed for personal use	\$	Credit cards, line of cred	lits & notes payable on	Jan. 1 \$		
Less: inventory on December 31	\$	Credit cards, line of cred	lits & notes payable on	Dec. 31 \$		
Other production costs		Personal funds deposite	d in business during ye	ear \$		
Labor for production & manufacturing	\$	Funds paid out to owner	(s) during the year	\$		
Materials & supplies for product	\$	Investments or foreign b	ank accounts?	Yes No		
Other product costs (indicate type):				-		
The state of the s	\$					
	\$					

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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 questior	ns see below (required for both safe ha	rbor & 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	v are not required).			
Date home acquired & date home placed in service						
Original cost of home & cost of subsequent improvements		\$	\$			
Deductible home mortgage int (100% from Form 1098)	\$	HOME OFFICE SAFE HARBOR A	DVANTAGES & 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 actor	ual expense carryover			
	\$	If you desire an analysis for your situ	nation, check here and complete			
	\$	all the data for the actual expense r	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.						