



**TAX ORGANIZER - Business**  
**2004 Tax Year**  
*Bring a copy of your 2003 Tax Return*



**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Entity Type (check one box)  
 C Corp  S Corp  Partnership  
 LLC  Sole Proprietor

Type of Business: \_\_\_\_\_ S Corp Election Date: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INCOME**

Gross Receipts or Sales \_\_\_\_\_ Other Income \_\_\_\_\_

Returns & Allowances \_\_\_\_\_

**COST OF GOODS SOLD (PURCHASES)**

Inventory - Start of Year \_\_\_\_\_ Purchase Returns \_\_\_\_\_

Purchases for the Year \_\_\_\_\_ Self-Consumption \_\_\_\_\_

Materials & Supplies \_\_\_\_\_ Inventory - End of Year \_\_\_\_\_

Labor Costs \_\_\_\_\_

Other Costs \_\_\_\_\_

**OPERATING EXPENSES**

Advertising \_\_\_\_\_ Supplies \_\_\_\_\_

Bank Charges \_\_\_\_\_ Taxes & Licenses \_\_\_\_\_

Commissions & Fees \_\_\_\_\_ Travel Expenses (Out of Town) \_\_\_\_\_

Dues & Subscriptions \_\_\_\_\_ Meals & Entertainment \_\_\_\_\_

Employee Benefits \_\_\_\_\_ Telephone & Internet \_\_\_\_\_

Postage \_\_\_\_\_ Utilities \_\_\_\_\_

Insurance \_\_\_\_\_ Wages & Salaries \_\_\_\_\_

Interest \_\_\_\_\_ Health Insurance \_\_\_\_\_

Office Expenses \_\_\_\_\_ (Paid as a Self Employed Person)

Rent \_\_\_\_\_ Other Expenses: \_\_\_\_\_

Equipment Lease \_\_\_\_\_

Repairs & Maintenance \_\_\_\_\_

## NEW EQUIPMENT PURCHASES

Description of Equipment	Date Purchased	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## BUSINESS - VEHICLE EXPENSES

<i>Detail Each Vehicle</i>	Vehicle 1	Vehicle 2	Description	Vehicle 1	Vehicle 2
Purchase Date	_____	_____		_____	_____
Purchase Amount	_____	_____			
<b>MILEAGE</b>			<b>ACTUAL EXPENSE PAID</b>		
Business Miles	_____	_____	Gas & Oil	_____	_____
Commuting Miles	_____	_____	Repairs	_____	_____
Personal Miles	_____	_____	Insurance	_____	_____
Total Vehicle Miles	_____	_____	Registration	_____	_____
			Interest Paid	_____	_____
			Lease Pymts	_____	_____

## HOME OFFICE DEDUCTION

*If you answered yes to both of the following questions then you qualify for the home office deduction.*

Was your home a principal place for you to do your business administration? Yes  No   
 Was the home office exclusively used for business purpose? Yes  No

Total house sq ft \_\_\_\_\_ If daycare # of business hours for the year \_\_\_\_\_  
 Business sq ft \_\_\_\_\_ Total Purchase Price of Home \_\_\_\_\_

Expenses:  
 Rent \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Repairs \_\_\_\_\_