

# BUSINESS TAX ORGANIZER

Section 1 : Business Identity		
Business owner name:	Employer ID number	
Business name:	Tax Year	
Desc. of products or services:	Individual/Proprietorship	
Business Address (if not home address):	S Corporation	
	Partnership	
Section 2 : Business Income		Questions:
Gross Business Income		
Less returns & allowances		
Other Income (indicate type):		

Section 3 : General Business Deductions			
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 property only		Education	
Interest - other (trade, credit card, non-auto loans)		Internet	
Professional services - legal & other		Marketing supplies & expense	
Professional services -tax & accounting		Postage	
Office supplies & expenses		Printing	
Rent - machinery & equipment		Promotion	
Rent - building or office space		Recruiting	
repairs & maintenance (non-vehicle)		Telephone - cell	
Supplies		Telephone - exclusive business line or fax	
Taxes - payroll		Uniforms (not usable outside work)	
Taxes - property		Other expenses	
Taxes - sales (in included in income above)			
Taxes - license & fees			
Travel - lodging & transportation			
Travel - meals & entertainment (list full amount)			
Utilities -			
Wages paid (incl. W-2 & W-3 Forms)			

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Section 4 : Home Office Deductions (for individual proprietorship/Schedule C Only)			
Square Feet used for business office/storage		Deductible home mortgage interest (100% Form 1098)	
Total square feet of your home		Real estate taxes paid	
Date home acquired & date home placed in service		Insurance	
Original cost of home & cost of home improvements		Rent	
		Repairs	
		Repairs & Maintenance (specific to business space)	
		Utilities	
		Other expenses at 100% (HOA, security, etc.)	

## EXCLUSIVE USE TEST

1. You must meet one of the 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 customers, and never used for person.
- 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. al purposes.

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 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.

**FOR MORE INFORMATION ON THE TYPES OF DEDUCTIONS FOR IN-HOME BUSINESSES, PLEASE REFER TO OUR BLOG**

<http://us-taxlaws.com/category/deductions/>

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## Section 5 : Vehicle Information and Expenses (If applicable)

Vehicle year, make, model  
 Date vehicle put into service  
 Total miles driven in year  
 Business mileage driven (not commuting)

Vehicle 1

Vehicle 2

Check if using standard Mileage Deduction

Check if using ACTUAL Expenses and complete below

Operating expenses: gasoline, oil, repairs, maintenance, insurance, registration, etc.

Business parking fees and tolls

### If you OWN the vehicle:

Date purchased  
 Vehicle cost

### If you LEASE the vehicle:

Date lease began  
 Length of lease  
 Vehicle cost if you had purchased it  
 Downpayment on lease  
 Lease payments for the year

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## Section 6 : Business Assets Acquired

Did you purchase assets during the tax year for which this organizer applies?

YES

NO

Assets = furniture, equipment, computer(s), etc.

Description of purchase	Date Purchased	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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