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SMALL BUSINESS TAX ORGANIZER

Name of Business _____ Owner _____ EIN or SS # _____
 Type of Business (Industry) _____ Business Phone # _____ Email _____
 Business Address _____ City _____ State _____ Zip _____
 ___ Sole Proprietor ___ S-Corp ___ C-Corp ___ LLC ___ Partnership Accounting Method ___ Cash ___ Accrual
 Start Date _____ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) _____

INCOME & EXPENSES

TOTAL INCOME (1099's plus other revenue) _____

Less Returns and Allowances _____

EXPENSES

- Advertising _____
- Automobile Expense (complete section to right) _____
- Bank Service Charges _____
- Cleaning & Janitorial _____
- Commissions/Contractors _____
- Computer & Internet Expenses _____
- Dues & Publications _____
- Education & Seminars _____
- Employee Benefit Programs _____
- Insurance (Fire, Liability, Workers Comp) _____
- Health Insurance _____
- Life & Disability Insurance _____
- Interest (Business Related) _____
- Legal & Professional Fees _____
- Licenses & Permits _____
- Office Supplies & Expenses _____
- Postage & Freight _____
- Rent/Lease Business Property _____
- Repairs & Maintenance (Not Home Office) _____
- Supplies _____
- Taxes (not Income Tax or Sales Tax) _____
- Travel & Lodging (Out of Town) _____
- Meals & Entertainment _____
- Telephone (Local, Long Distance, Cell) _____
- Tools Replacement _____
- Uniforms _____
- Utilities (Not Home Office) _____
- Wages & Salaries Paid Out _____
- Payroll Taxes _____

Were 1099s Required/Issued? Check Box if YES
Other Expenses (Please List) _____

COST OF GOODS SOLD (IF APPLICABLE)

- Product Purchased for Resale _____
- Product Used for Personal Use _____
- Materials and Supplies _____
- Contract Labor _____
- Beginning Inventory _____
- Ending Inventory _____

BUSINESS USE OF VEHICLE

Vehicle Description _____
 Date Vehicle was Placed in Service _____
 Original Purchase Price or Other Basis _____

Mileage (All Fields Required)

- Business Miles _____
- Commuting Miles _____
- Other Personal Miles _____
- Total Miles _____

Actual Expenses Paid

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

If Sold Later,
Date Sold: _____
Price Sold: _____

OFFICE IN HOME EXPENSES

- Area Used Exclusively for Business _____ sq. ft.
- Total Area of Home _____ sq. ft.
- Mortgage Interest _____
- Property Taxes _____
- Mortgage Insurance _____
- Homeowners Insurance _____
- Rent _____
- Repairs & Maintenance _____
- Utilities _____
- Other Expenses _____

EQUIPMENT PURCHASED

Equipment Purchased for **more than \$500** each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on the back side of this paper with the Date Purchased, Description, and Purchase Price.