



Tax Organizer and Questionnaire for Business/Farm Owners

This tax organizer can be filled-out and submitted to us with the necessary documents attached. Once we receive it, we will review it and call you with any questions and set a conference date if necessary in order to complete your return.

If you use quickbooks or some other form of tracking your information, we can go from that. Please provide us an electronic copy of the files.

Section 1, General Information

1. First Year in business? _____
2. Whose business is it? _____
3. Principal Bus./Profession? _____
4. Business Name: _____
5. Business Address: _____
6. City, State, Zip: _____
7. Other Accounting Method(Circle One): Cash Basis Accrual Basis
8. Employer Identification Number: _____
9. Type of Business Entity(Circle One)?
Sole Proprietorship Corporation Partnership LLC LLP Other: _____

Section 2, Income

1. Gross Receipts or Sales \$ _____
2. Returns & Allowances \$ _____
3. Other Income \$ _____

Cost of Goods Sold - If Applicable

4. Inventory at Beginning of the Year \$ _____
5. Inventory at End of the Year \$ _____
6. Purchases \$ _____
7. Cost of Items for Personal Use \$ _____
8. Cost of Labor \$ _____
9. Materials and Supplies \$ _____
10. Other Costs \$ _____

Section 3, Expenses

- 1. Advertising _____
- 2. Car and Truck Expenses* _____
- 3. Commissions _____
- 4. Employee Benefit Programs _____
- 5. Insurance (other than health) _____
- 6. Health Insurance Premiums for Self* _____
- 7. Mortgage Interest (paid to banks, etc.) _____
- 8. Other Interest _____
- 9. Legal and Professional _____
- 10. Office Expense _____
- 11. Pension and Profit Sharing Plans _____
- 12. Rent - Vehicles, Machinery, & Equipment _____
- 13. Rent - Other Business Property _____
- 14. Repairs _____
- 15. Supplies _____
- 16. Taxes - Real Estate _____
- 17. Taxes - Other _____
- 18. Travel _____
- 19. Other* _____
- 20. Total Meals and Entertainment _____
- 21. Utilities _____
- 22. Wages _____

*Attach a detailed schedule including miles driven for business and actual out of pocket expenses.

Section 4, Additional Information

- 1. Did you acquire or dispose of any business assets (including real estate) during the year? Yes No

If yes, attach a detailed schedule.

- 2. Did you have a home office during the year? Yes No
If Yes, Please Complete the following if not included in Section 3:

- 1. Rent _____
- 2. Utilities _____
- 3. Insurance _____
- 4. Janitorial _____
- 5. Misc. _____
- 6. % of exclusive business use _____

