



9890 south 300 West Suite 100
 Sandy, UT 84070
 Office: 888.400.4236
 Fax: 888.415.1262

BUSINESS TAX ORGANIZER

Business Name: _____ EIN#: _____
 Address: _____ E-mail: _____
 Description of Business Activity: _____

(Please Check One)

Sole Proprietorship S-Corp Corporation LLC Partnership

Owner: _____ SSN#: _____

INCOME

Total Sales: _____
 Misc Income (such as Interest): _____
 Cost of Goods Sold (Cost of purchases for resale): _____

Does your company store an inventory of products: _____, if so, please provide the following info:
 Inventory at BEGINING of the year: _____ Inventory at the END of the year: _____

DEDUCTIONS

Advertising		Office Expense	
Business Insurance		Outside Services	
Business Phone/Cell		Rent on Equipment	
Commissions Paid		Rent on Property	
Contract Labor		Repairs/Maintenance	
Educational		Supplies	
Interest (Loans/Credit Cards)		Taxes	
Legal/Professional		Travel	
Licenses		Uniforms/Protective	
Meals and Entertainment		Utilities	
Mileage		Vehicle Expense	
Postage		Wages	

HOME OFFICE

Home Interest		Repairs/Maintenance	
Home Insurance		Sq. Ft. of Office Area	
Home Taxes		Sq. Ft. of Home	
Rent (if not owned)		Utilities	

EQUIPMENT PURCHASED FOR BUSINESS

Equipment Description	Date Purchased	Amount Paid

