



## 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. Telephone/Internet/Cell \_\_\_\_\_
- 23. 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 \_\_\_\_\_