MURETCPA PLLC

3326 EAST 27TH PLACE TULSA, OK 74114
PHONE 918.301.1100 FAX 918.517.3000
PAUL@MURETCPA.COM WWW.MURETCPA.COM

Tax Organizer and Questionnaire for Small Business 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, forms are following for your convenience.

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 _____