

## 2017 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**

<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	First Year in business? Whose business is it? Principal Bus./Profession? Business Name: Business Address: City, State, Zip:
	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:
Sec	etion 2, Income
2.	Gross Receipts or Sales \$ Returns & Allowances \$ Other Income \$
Co	st of Goods Sold - If Applicable
<ul><li>5.</li><li>6.</li><li>7.</li><li>8.</li><li>9.</li></ul>	Inventory at Beginning of the Year \$ Inventory at End of the Year \$ Purchases \$ Cost of Items for Personal Use \$ Cost of Labor \$ Materials and Supplies \$ Other Costs \$

Sec	ection 3, Expenses	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21.	Advertising Car and Truck Expenses* Commissions Employee Benefit Programs Insurance (other than health) Health Insurance Premiums for Self* Mortgage Interest (paid to banks, etc.) Other Interest Legal and Professional Office Expense Pension and Profit Sharing Plans Rent - Vehicles, Machinery, & Equipment Repairs Supplies Taxes - Real Estate Taxes - Other Travel Other* Other* Total Meals and Entertainment Utilities Carant Truck Expenses Employee Benefit Programs Employee Benefit Pro	
*A	Attach a detailed schedule including miles driven for tapenses.	ousiness and actual out of pocket
Sec	ection 4, Additional Information	
1.	Did you acquire or dispose of any business assets (i year? Yes No  If yes, attach a detailed schedule, forms are following	
2.	Did you have a home office during the year? Yes N  If Yes, Please Complete the following if not included  1. Rent 2. Utilities 3. Insurance 4. Janitorial 5. Misc. 6. % of exclusive business use	

Form		

## **Depreciation - Asset List**

Preparer use only

Activity name

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET) Collected in 5 equal payments over 2 yrs	11/21/08	42,500
-,	Collected in 5 equal payments over 2 yrs	03/09/13	20,000
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## **Depreciation - Asset Acquisitions**

	Preparer use onl	y

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

Description of Asset Acquired Date Acquired Co					Cost or Basis				
FX	AMPL	F	2013	Model T	- (EXAMP)	LE ASSET)		03/09/13	25,750
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