

SMALL BUSINESS TAX RETURN ORGANIZER

GENERAL BUSINESS INFORMATION

Business Name _____
Type of Business _____
EIN or SS Number _____

INCOME

Total Sales _____

COST OF GOODS SOLD

Payroll	_____	Subcontractors Paid	_____
Products Purchased	_____	Ending Inventory	_____
Materials Purchased	_____		

EXPENSES

Accounting Fees	_____	VEHICLE	_____
Advertising	_____	Make and Model	_____
Bank Charges	_____	Total Miles Driven	_____
Client Gifts	_____	Business Miles	_____
Continuing Education	_____	Lease Payment	_____
Insurance: Business	_____	Fuel/Ins./Repair	_____
Insurance: Liability	_____	Please provide Mileage log	
Interest	_____	Assets/ Major Purchases	
Legal Fees	_____	Date Purchased/ Asset Name/ Cost	
Licenses/Permits	_____	_____	
Meals/Entertainment	_____	_____	
Office Supplies	_____	_____	
Payroll/Payroll Taxes	_____	_____	
Postage	_____	_____	
Rent	_____	_____	
Repairs	_____	_____	
Small Tools	_____	Home Office	
Supplies	_____	Sq. Ft Entire Home	_____
Telephone	_____	Sq. Ft Office	_____
Travel	_____	Mortgage Interest	_____
Utilities	_____	Property Taxes	_____
Other	_____	Hazard Insurance	_____
		Utilities	_____
		Other:	_____

