



**Tax Organizer for SMALL BUSINESS for 2018 Tax Returns**

*Please provide a copy of the last 3 years of tax returns if we did not prepare your previous tax return.*

**A. COMPANY INFORMATION**

Legal Business Name: \_\_\_\_\_

Business Trade or DBA Name: \_\_\_\_\_

Federal EIN: - Business Start Date: / / State Registered: \_\_\_\_\_

*Please provide IRS EIN Assignment Letter (form SS-4)*

Business Physical Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Mailing Address, if different from Physical Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number: Email: \_\_\_\_\_

Entity Type:  S Corp  C Corp  LLC  Sole Proprietor

*If an S Corp, provide IRS S Corp approval letter*  Other-

Was a previous year return filed?  Yes  No

If not prepared by our firm, who previously prepared your return? \_\_\_\_\_

**B. OWNER/MEMBER/PARTNER INFORMATION**

1. Owner Name: % of Ownership \_\_\_\_\_

Social Security Number: - - Date of Birth: / / \_\_\_\_\_

Owners Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number: Email: \_\_\_\_\_

2. Owner Name: % of Ownership \_\_\_\_\_

Social Security Number: - - Date of Birth: / / \_\_\_\_\_

Owners Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number: Email: \_\_\_\_\_

*If you have additional owners/members/partners, please attach the above information for each owner.*

**C. Notes- Please provide any additional notes or information on additional pages or via email or fax.**



**Till & Butler** CPAs, PLLC  
 Certified Public Accountants

Business Name: \_\_\_\_\_

Tax Year: \_\_\_\_\_

**Schedule of Business Income & Expenses**

*The following should be provided if you cannot provide financials from Quickbooks or an accounting program. If you are using an accounting program, please provide us with a Balance Sheet and Profit & Loss statement, or contact us about providing your system's electronic file.*

**D. Business Income/Revenue:**

From received forms 1099-Misc	\$ _____
From received forms 1099-K (credit cards...)	\$ _____
All other income (do not include interest or dividends)	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>

**E. Cost of Goods Sold/Cost of Sales:**

Total dollar amount of all inventory at the beginning of the year	\$ _____
Total dollar amount of purchases during the year	\$ _____
Total dollar amount of all inventory at the end of the year	\$ _____
Total Sub-Contractors/Commissions/Closings/Direct Sales expenses	\$ _____

**F. Expenses (Provide the totals of your receipts for the year for each item below):**

Accounting	\$ _____	Outside-Contract services	\$ _____
Advertising/Marketing	\$ _____	Parking fees and tolls	\$ _____
Bad debts	\$ _____	Permits and fees	\$ _____
Bank charges	\$ _____	Postage	\$ _____
Cleaning and janitorial	\$ _____	Printing	\$ _____
Commissions	\$ _____	Rent	\$ _____
Computer services/supplies	\$ _____	Repairs and maintenance	\$ _____
Credit and collection costs	\$ _____	Security	\$ _____
Delivery and freight	\$ _____	Supplies	\$ _____
Dues and subscriptions	\$ _____	Taxes & licenses	\$ _____
Employee benefits	\$ _____	Telephone	\$ _____
Equipment rent	\$ _____	Tools and small equipment	\$ _____
Insurance	\$ _____	Training and education	\$ _____
Interest expense	\$ _____	Uniforms	\$ _____
Legal and professional	\$ _____	Utilities	\$ _____
Meals and entertainment	\$ _____	Vehicle expenses (actual)	\$ _____
Miscellaneous	\$ _____	Wages-others	\$ _____
Office expense	\$ _____	Wages-owners/officers	\$ _____
Other- _____	\$ _____	Other- _____	\$ _____

**G. Major Purchases over \$1000? Provide the following information (use additional pages as needed):**

Item: _____	Purchase Date: _____	\$ Purchase Price: _____
Item: _____	Purchase Date: _____	\$ Purchase Price: _____

**H. IF YOU SOLD or TRADED fixed assets during the year, please provide the details about the transaction(s)**

**I. If we did not prepare your prior year return, please provide us with a detailed depreciation schedule from your previous accountant.**

**J. Total Business Mileage:**

	<u>Make</u>	<u>Model</u>	<u>Number of Miles:</u>
Vehicle # 1-	_____	_____	# _____
Vehicle # 2-	_____	_____	# _____