



Tax Organizer for SMALL BUSINESS for 2019 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)	\$ _____
Total Revenue	\$ _____

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-	_____	_____	# _____