

2008 Business Tax Organizer

Complete this 2 - 3 page form for EACH business.

Items To Bring

New Clients

- Previous years business tax returns going back 5 tax years if applicable including depreciation history of all assets being depreciated.

All Clients

- Please do NOT bring receipts and statements (credit card, bank etc.).
- If your books are on a QuickBooks Pro ver 08 file or older ver, you can disregard if your QuickBooks file has all data required in Section 1, pg 2 & 3.

Taxpayer name _____ TP's signed initials _____

Complete this box only if you are a new business client had a change in their existing business or a non client/client with a new business started in tax year.

(You may check more than one)

Is this Business an S-Corp ___ Corp ___ LLC ___ Partnership ___ Sole Proprietor ___

Did you submit IRS form 8832 (elected Corp taxation) in tax year? Yes ___ No ___

If Sole Proprietor, name: _____ TP ___ SP ___

Business name : _____ Date Business started: _____

Principal business activity: _____

Business address (if different from TP's or SP's residential address)

Address: _____ City: _____ St: _____ Zip: _____

Tax ID# (EIN) or SS# : _____

Supply copy of form SS-4 letter received from IRS.

Did you materially participate in this business? Yes ___ No ___

Was 100% of your investment in this business at risk? Yes ___ No ___

Section 1

Complete this box if you market & maintain an inventory product? Yes ___ No ___

Inventory at beginning of tax year \$ _____ Cost of goods sold \$ _____

Purchases (less cost of items withdrawn for personal use) \$ _____

Cost of labor (do not include any amounts paid to yourself) \$ _____

Material and supplies \$ _____ Inventory at end of tax year \$ _____

Returns and allowances \$ _____ Other expenses

Describe	Amt
_____	\$ _____
_____	\$ _____

Taxpayers name _____ TP's signed initials _____

Match exps in categories below. If none apply, enter under other.

Gross income if no 1099's:	\$ _____	Business(Bus) Vehicle
Categories Advertising:	\$ _____	Total miles driven on
Commission & Fees (you paid out):	\$ _____	vehicle in tax year: _____
Contract Labor:	\$ _____	# of miles in total miles
Insurance (other then health):	\$ _____	above used for Business
Office Expense:	\$ _____	Jan thru June: _____
Pension & Profit Sharing:	\$ _____	July thru Dec: _____
Mortgage Interest paid (do not include		Vehicle year, make & model
1st and 2nd residential, if applicable):	\$ _____	_____
Legal and Professional:	\$ _____	Was Bus vehicle available for
Rent or Lease:	\$ _____	personal use: Yes___ No___
Supplies:	\$ _____	Did you have another vehicle for
Tax & Licenses (except Bus vehicle):	\$ _____	for personal use: Yes___ No___
Travel (airfare, lodging, NOT food):	\$ _____	
Meals & Entertainment:	\$ _____	<u>100% Total Actual Expenses</u>
Wages (you cannot pay yourself):	\$ _____	<i>Only if NOT using Standard</i>
Utilities (if renting or leasing an office):	\$ _____	<i>Mileage. If don't know, complete.</i>
Self Employed Health Insurance:	\$ _____	Total Up: Fuel/gas, tires
<u>OTHER (describe) Enter Asset purchases on pg 3.</u>		repairs/maintenance,
_____	\$ _____	garage rent, auto club,
_____	\$ _____	cleaning, insurance: \$ _____
_____	\$ _____	Vehicle registration &
		Vehicle loan interest: \$ _____
<u>Estimated Federal income/SE tax paid</u>		
Month/Day/Yr: _____	\$ _____	
Month/Day/Yr: _____	\$ _____	
Month/Day/Yr: _____	\$ _____	
Month/Day/Yr: _____	\$ _____	
<u>Using Home or Apt for Business Office</u>		Do you have written
Total sq ft of home or apt: _____		evidence to support
Sq ft used for Business: _____		this Bus vehicle: Yes___ No___
<u>Enter gross Amt for entire House or Apt</u>		Was vehicle placed in
Electric/Gas/Water-Sewer:	\$ _____	service in tax year? Yes___ No___
Homeowners Insurance	\$ _____	If yes, what was vehicle
Cleaning of all types:	\$ _____	market value the date
Pest Control:	\$ _____	vehicle was placed
Security alarm:	\$ _____	into service? \$ _____
HOA:	\$ _____	Date placed in service? _____
Rent or Lease(if not own Home):	\$ _____	Did you sell any Bus vehicle
Renters Insurance:	\$ _____	in the tax year? Yes___ No___
Repairs:	\$ _____	Yes, price received: \$ _____
OTHER _____	\$ _____	Date sold: _____

Taxpayers name _____ TP's signed initials _____

2008 BUSINESS ASSETS PURCHASED IN TAX YEAR

Asset Name (08 Buick, Dell laptop, Desk, Gilbert AZ property)	Asset Description (vehicle, computer, software, other (electronics, furniture, land, building, any other assets, please describe.)	Cost Basis (the total (incl any shipping, any sales tax, do not incl repairs)	% used for Business	*Placed in service (Day/Month)
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____
_____	_____	\$ _____	_____ %	_____/____

* the date placed in service can be the date you purchased a rental property but did not actual rent it till 3 months later.