

BUSINESS FINANCIAL INFORMATION ORGANIZER  
 COMPANY NAME: \_\_\_\_\_  
 For Year Ending \_\_\_\_\_

Attach	Part 1 Income		
	Gross receipts or sales	\$	
	Returns and allowances	\$	
	Other income:		
	Interest income	\$	
	_____	\$	
	_____	\$	
	<b>Part 2 Cost of Goods Sold</b>		
	Inventory at beginning of year	\$	
→	Inventory at end of year (attach Inventory Worksheet)	\$	
	Purchases of inventory	\$	
	Cost of labor directly related to service or production of goods		
	Employees	\$	
	Officers and owners	\$	
→	Subcontractors (attach copy of 1096 and 1099's)	\$	
	Other costs:		
	Supplies	\$	
	Equipment rental	\$	
	_____	\$	
	_____	\$	
	<b>Part 3 Expenses</b>		
	Advertising	\$	
	Automobile & truck expense (enter mileage in Part 4)		
	Gas and oil	\$	
	Interest	\$	
	Maintenance & repairs	\$	
	Parking & tolls	\$	
	Registration and licenses	\$	
	Vehicle Insurance	\$	
	Bad debts	\$	
	Bank charges	\$	
	Charitable contributions	\$	
	Commissions and fees	\$	
	Computer services, website and supplies	\$	
	Credit card fees	\$	
	Dues and subscriptions	\$	
→	Fixed asset purchases (attach Fixed Asset Worksheet)	\$	
→	Insurance, other than health (attach Insurance Worksheet)		
	General liability	\$	
	Workers' compensation	\$	
	Interest		
	Credit card interest	\$	
	Loan interest	\$	
→	Mortgage (attach 1098 or interest statement from lender)	\$	
	Other	\$	
	Office expense	\$	

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	Employee benefit plans		
	Officer or owner health insurance expense	\$	
→	Employee health insurance (attach policy & invoice)	\$	
	Retirement plans (Simple, 401(k), etc.)	\$	
	All other benefit plan expenses	\$	
	Laundry and cleaning	\$	
	Meals and entertainment	\$	
	Postage	\$	
	Printing	\$	
	Professional fees		
	Accounting	\$	
	Legal	\$	
	Rent or lease expense		
	Machinery and equipment	\$	
	Office or building	\$	
	Other business property	\$	
	Repairs and maintenance, not including fixed assets	\$	
→	Salary and wages (attach payroll register for the year)		
	Officers and owners	\$	
	Employees other than officers and owners	\$	
	Subcontractors	\$	
	Casual labor	\$	
	Security	\$	
	Supplies	\$	
	Taxes and licenses		
	Licenses and permits	\$	
	Payroll taxes	\$	
	Personal property tax	\$	
	Other business taxes	\$	
	Training and education	\$	
	Travel, not including automobile expenses	\$	
	Telephone	\$	
	Utilities		
	Gas and electricity	\$	
	Internet	\$	
	Water	\$	
	Other Expenses:		
	_____	\$	
	_____	\$	
	<b>Part 4: Information for Standard Mileage Deduction</b>		
	<b>(complete for each vehicle being claimed)</b>		
	Make, model & year		
	Date purchased or placed in service		
	Purchase price		
	Beginning odometer reading		
	Ending odometer reading		
	Total number of miles vehicle was driven during the year for:		
	Business purposes		
	Commuting to and from work		
	Other, including personal use		
	Do you have written evidence to support your deduction?		

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<b>Part 5: Balance Sheet Information</b>		
<b>Assets</b>		
➔	Cash - attach 12/31 bank reconciliations	
	Checking	\$
	Savings	\$
	Petty Cash	\$
	Accounts Receivable (amount due from customers)	\$
	Other Receivables (Employee Advances)	\$
	Security Deposits Paid	\$
➔	Fixed Assets (review Depreciation & Amorization Report)	\$
<b>Liabilities</b>		
➔	Accounts Payable (amount owed to vendors) - attach list	\$
➔	Credit Cards - attach list	\$
➔	Payroll Taxes - attach list	\$
	Sales Tax	\$
➔	Other Payables - attach list	\$
➔	Loans and Leases (attach Loans and Leases Summary)	\$
	Secuirty Deposits Held	
<b>Equity</b>		
	Shareholder/Owner contributions during tax year	
	Date of contribution: ___/___/___	\$
	Date of contribution: ___/___/___	\$
	Date of contribution: ___/___/___	\$
	Shareholder/Owner distributions (non-payroll) during tax year	
	Date of distribution: ___/___/___	\$
	Date of distribution: ___/___/___	\$
	Date of distribution: ___/___/___	\$
	Was there a change in ownership during the year? If yes, explain.	
	_____	
	_____	
	_____	
	_____	

# Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c <b>Total miles</b> for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount ( <b>Preparer Use Only</b> ).....			
12 Depreciation ( <b>Preparer Use Only</b> ).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ).....			
20 Section 179 expense ( <b>Preparer Use</b> ).....			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different ( <b>Preparer Use</b> ).....			
33 AMT gain/loss basis, if different ( <b>Preparer Use</b> ).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No





