

2015 TAX ORGANIZER SCHEDULE FOR BUSINESSES (SOLE PROPRIETORSHIP)

Name of Business: _____
 (or put your name if you do not have a separate business name)

Business Address: _____
 (or put your home address if you do not have a separate business address)

Tax ID Number: _____ (please mark N/A if you do not have a tax ID number)

Principle Business or Profession: _____ Method of accounting: _____

What date did you begin business (or what was the first year you filed taxes for this business)? _____

In 2015, were you involved in the operations of this business on a regular, continuous & substantial basis? Yes No

Please list below the date & amount of any quarterly tax payments you made to the IRS or the state.

Federal		State	
<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

Does your business have any employees? Yes No

If yes, did you file all required quarterly & yearly payroll tax returns? Yes No

Did you make any payments in 2015 that would require you to file Form(s) 1099? Yes No

If yes, did you or will you file all required Forms 1099? Yes No

INCOME

\$ _____ Gross receipts or sales

\$ _____ Less returns & allowances

\$ _____ Other Income (description: _____)

\$ _____ Other Income (description: _____)

\$ _____ Other Income (description: _____)

\$ _____ Other Income (description: _____)

\$ _____ Other Income (description: _____)

INVENTORY

Does your business keep an inventory? ____ Yes ____ No If yes, please answer the following questions:

Was there a change in determining quantities, costs or valuations between opening & closing inventory? ____ Yes ____ No

What is your method of inventory? _____

COST OF GOODS SOLD CALCULATION	
Amount	Description
\$	Beginning Inventory
\$	Purchases less cost of items withdrawn for personal use
\$	Cost of labor (do not include amounts paid to yourself)
\$	Materials & supplies
\$	Other Costs of Cost of Goods Sold
\$	Ending Inventory

EXPENSES

\$ _____ Advertising	\$ _____ Pension & profit-sharing plans
\$ _____ Car & truck expenses	\$ _____ Rent or lease – vehicles, machinery and equipment
\$ _____ Parking fees & tolls	\$ _____ Rent or lease – other business property
\$ _____ Commissions & fees	\$ _____ Repairs & maintenance
\$ _____ Contract labor	\$ _____ Supplies (not included in COGS)
\$ _____ Insurance (other than health)	\$ _____ Taxes & licenses
\$ _____ Interest – mortgage	\$ _____ Travel
\$ _____ Interest – other	\$ _____ Meals & entertainment
\$ _____ Legal & professional fees	\$ _____ Utilities
\$ _____ Office expense	\$ _____ Wages
\$ _____ Dependent care benefits	\$ _____ Health insurance benefits paid for yourself & your dependents
\$ _____ Employee benefit programs & health insurance (other than pension & profit-sharing plans)	
\$ _____ Other Expenses(description: _____)	
\$ _____ Other Expenses(description: _____)	
\$ _____ Other Expenses(description: _____)	
\$ _____ Other Expenses(description: _____)	

PROPERTY & EQUIPMENT

Please list below any major purchases over \$2,500 (equipment) or over \$500 (home or land improvements).

X if not new	Description	Date of Purchase	Cost	% used in business

Please list below any dispositions

Description	Date Acquired	Cost	Date Sold	Selling Price

AUTO EXPENSES

If you used your vehicle for business, please complete this section.

Year, make & model of vehicle: _____

_____ Date you began using this vehicle for this business

_____ Total business miles you drove

_____ Total commuting miles you drove

_____ Total personal miles you drove

\$ _____ Amount of interest paid on a loan for this vehicle

Do you or your spouse have another vehicle available for personal use? _____ Yes _____ No

Was your vehicle available for personal use during off-duty hours? _____ Yes _____ No

Do you have written evidence to support this deduction (such as a mileage log)? _____ Yes _____ No

Do you own this vehicle (i.e. own vs. lease)? _____ Yes _____ No

Did you buy this vehicle new? _____ Yes _____ No

BUSINESS USE OF HOME

You can only deduct expenses for a home office if you use an area of your home exclusively for this business – exclusively means that there is a room in your home that is NOT used for anything but business.

Do you use any part of your home regularly and exclusively for business? _____ Yes _____ No

Do you store inventory or product samples in your home? _____ Yes _____ No

Is your home office your principal place of business? _____ Yes _____ No

Do you meet patients, clients, or customers in your home? _____ Yes _____ No

Do you own your home? _____ Yes _____ No

When did you first start using this home office (date)? _____

Description of work done in home office: _____ % of total: _____

Description of work done outside of home office: _____ % of total: _____

Total size of home: _____ sq feet Total size of home office: _____ sq feet

Please list totals for your home office expenses. List all totals at 100%.

Direct expenses are expenses that are only for the business part of your home. Examples are painting or repairs only in the area used for business.

Indirect expenses are expenses that are for keeping up & running of your entire home. Examples are home or renters insurance, utilities, & general repairs.

Direct	Indirect	
\$ _____	\$ _____	Mortgage Interest
\$ _____	\$ _____	Real estate taxes
\$ _____	\$ _____	Home or renters insurance
\$ _____	\$ _____	Rent
\$ _____	\$ _____	Repairs & Maintenance
\$ _____	\$ _____	Utilities
\$ _____	\$ _____	Other Expenses (description: _____)
\$ _____	\$ _____	Other Expenses (description: _____)
\$ _____	\$ _____	Other Expenses (description: _____)
\$ _____	\$ _____	Other Expenses (description: _____)
\$ _____	\$ _____	Other Expenses (description: _____)