

BUSINESS TAX ORGANIZER



RISE

CONSULTING, LLC

GENERAL BUSINESS INFORMATION

Name of Business _____ Owner _____ EIN or SS # _____
Type of Business (Industry) _____ Business Phone # _____ Email _____
Business Address _____ City _____ State _____ Zip _____
____ Sole Proprietor ____ S-Corp ____ C-Corp ____ LLC ____ Partnership Accounting Method ____ Cash ____ Accrual
Start Date _____ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) _____

INCOME & EXPENSES

TOTAL INCOME (1099's plus other revenue)

Less Returns and Allowances _____

EXPENSES

Advertising _____

Automobile Expense (complete section to right) _____

Bank Service Charges _____

Cleaning & Janitorial _____

Commissions/Independent Contractors _____

Computer & Internet Expenses _____

Dues & Publications _____

Education & Seminars _____

Employee Benefit Programs _____

Fines & Penalties (Non-Deductible) _____

Insurance (Fire, Liability, Workers Comp) _____

Health Insurance _____

Life & Disability Insurance _____

Interest (Business Related) _____

Legal & Professional Fees _____

Licenses & Permits _____

Office Supplies & Expenses _____

Postage & Freight _____

Rent/Lease Business Property _____

Repairs & Maintenance (Not Home Office) _____

Supplies _____

Taxes (not Income Tax or Sales Tax) _____

Travel & Lodging (Out of Town) _____

Meals & Entertainment _____

Telephone (Local, Long Distance, Cell) _____

Tools Replacement _____

Uniforms _____

Utilities (Not Home Office) _____

Wages & Salaries Paid Out _____

Payroll Taxes _____

Other Expenses (Please List) _____

COST OF GOODS SOLD

Product Purchased for Resale _____

Product Used for Personal Use _____

Materials and Supplies _____

Contract Labor _____

Beginning Inventory _____

Ending Inventory _____

BUSINESS USE OF VEHICLE

Vehicle Description _____

Date Vehicle was Placed in Service _____

Original Purchase Price or Other Basis _____

Mileage (All Fields Required)

Business Miles _____

Commuting Miles _____

Other Personal Miles _____

Total Miles _____

Actual Expenses Paid

Gasoline & Oil _____

Repairs, Tires, Car Washes _____

Auto Insurance _____

Registration Fees _____

Vehicle Loan Interest _____

OFFICE IN HOME EXPENSES

Area Used Exclusively for Business _____ sq. ft.

Total Area of Home _____ sq. ft.

Mortgage Interest _____

Property Taxes _____

Mortgage Insurance _____

Homeowners Insurance _____

Rent _____

Repairs & Maintenance _____

Utilities _____

Other Expenses _____

NEW EQUIPMENT PURCHASED

Furniture, Equipment and Tools Purchased for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on a separate sheet of paper with the **Date Purchased, Description, and Purchase Price.**