

Self-Employed Tax Organizer

The Self-Employed Tax Organizer should be completed by all sole proprietors or single member LLC owners. It has been designed to help collect and organize the information that we will need to prepare the business portion of your income tax returns in the most efficient and timely manner possible. Because this is the information we will be using to prepare your tax returns and sending to the IRS, please verify it is **complete**.

In addition to completing the organizer, there are additional documents we'll need to complete your taxes. Below is a list of items we will need before we can prepare your taxes:

- Completed Organizer** (see below)
- Prior Years Tax Returns** - If you are a first-time tax client, please provide a copy of tax returns for the past 2 years (Federal and State).
- Bookkeeping Records** - If you use a bookkeeping system other than Xero, you can provide us with a year-end income statement, balance sheet and statement of cash flows rather than completing the income and expense information in the organizer.
- Employee Information** - If you have employees, please include a copy of the following docs:
 - Form W-3 (This form is filed with W-2s to report total annual payroll)
 - Federal Form 940 (FUTA) – For the tax year
 - Federal Form 941 (FICA) quarterly reports for periods ending 3/31, 6/30, 9/30 and 12/31 of tax year
 - State quarterly reports for periods ending 3/31, 6/30, 9/30 and 12/31 of the tax year
- 1099-MISC Forms**- If you issued forms 1099-MISC we will need copies of these forms
- Additional Items** - Although the organizer is fairly comprehensive, it is certainly possible that there are items pertinent to your taxes that are not addressed. Please include these documents with your organizer.

If there are questions or sections you are not sure about, please note them and we will discuss them before finalizing and filing your returns. When your organizer is complete and you have compiled the above information, please return via one of three methods included in the instruction email.

Business Information

Name of Business _____
Business Address _____
City _____ State _____ Zip _____
County (not country) _____ Phone _____
Email Address _____
Federal EIN _____ State Tax ID Number (if applicable) _____
State of Organization _____ Date of Organization _____
Check any that apply: Initial Return Amended Return Final Return
 Name Change Address Change (Is the business closing?)
If necessary, can we discuss your tax return with the IRS? Yes No

Ownership Information

Business Owner

Name _____ Social Security # _____
Address _____
City _____ State _____ Zip _____

Accounting & Product/Service Information

Method of Accounting (check one)* Cash Accrual
*Most small businesses follow the cash method of accounting. If you are unsure, please select cash.
Type of Business _____ Product / Service _____
Inventory Method (if applicable): Cost Lower of Cost of Market Other
Did you materially participate in the operation of this business during the year? Yes No
Did you start or acquire this business during tax year? Yes No
Did you make any payments during the year that would require you to file form(s) 1099? Yes No
If yes, did or will you file all required form(s) 1099? Yes No
Was the business involved in real estate investment activity during the year? Yes No
Do we currently maintain your bookkeeping using Xero? Yes No

If you answered yes, you can skip the income and expense sections. Also, if you self prepare your bookkeeping using Xero and would like to grant us access, please invite us as a user and you can skip the income and expense sections.

Business Income

What were the business gross receipts or sales for the year? \$ _____
What portion of receipts were reported on Form 1099-K? \$ _____
What portion of gross sales listed above was refunded or returned? \$ _____
Did you have any other income from this business activity not included in gross receipts above?
 Yes No *If yes, please describe:*

Cost of Goods Sold (COGS)	
Businesses such as restaurants, retail sales and manufacturing generally must account for COGS. COGS includes all costs associated with manufacturing a product or purchasing a product for resale.	
Do you manufacture or produce a product for sale to customers?	Yes <input type="radio"/> No <input type="radio"/>
Do you operate a wholesale or retail business where you maintain an inventory of goods?	Yes <input type="radio"/> No <input type="radio"/>
Did you change your method of counting your inventory during the year?	Yes <input type="radio"/> No <input type="radio"/>
What was your opening cost of inventory on the first day of the year?	
What were your purchases of product (less cost of items withdrawn for personal use)?	
Cost of labor related to sale or production of goods held for sale	
Materials and supplies used in manufacture or sales production	
Others costs of goods not listed above (list these on separate detail worksheet)	
Closing inventory at end of year	

Business Expenses	\$	Business Expenses	\$
Advertising		Professional education & training	
Auto (Complete auto worksheet)		Rent (office, leasehold, storage) (1099-MISC to unincorporated payees required)	
Banks fees and charges		Rent or Lease (Vehicles, machinery, equipment)	
Cell phone (100% of cost) \$ _____ (X Business use 0% %) = 0.00	0.00	Repairs and Maintenance	
Commissions and fees		Software (Enter on Depreciation Worksheet, page 3)	
Computers, equipment, furnitures (Complete the Asset Depreciation Worksheet shown on page 3)		Supplies and small tools (Do not include equipment purchases - see Depreciation Worksheet on page 3)	
Contract Labor (You must issue a 1099 Misc to any unincorporated entity to whom you paid \$600 or more for the year)		Taxes - Local & business licenses	
Dues and Subscriptions		Taxes - Payroll	
Employee benefit programs		Taxes - Other (business - not personal)	
Health insurance (employee)		Annual corporation fees	
Health insurance (self/family)		Telephone expense (Do not include cost of main home phone line)	
Insurance (other than health)		Travel (Complete Travel Expense Worksheet on page 4)	
Internet service		Utilities (Do not include home office)	
Interest - Mortgage (business - not home)		Wages (W-2 issued to employees) Provide copies of W-3, Annual 940 & Quarterly 941 reports filed).	
Interest - Business credit cards		Other Expenses	
Interest - Business loans/credit line			
Laundry/cleaning/janitorial			
Legal and professional services			
Local (in-town) meals (Enter travel meal expense on page 4)			
Entertainment			
Merchant credit card fees			
Office expense (Do not include equipment purchases - see Depreciation Worksheet on page 3)			
Parking & tolls			
Postage & shipping			

Vehicle 2	
Purchase Price of vehicle	
Description (Model and Year)	Date vehicle was first used in your business
For this tax year only, enter the number of miles your vehicle was used for:	
	Business Miles (not including commuting)
	Commuting Miles
	All other personal-use miles
Interest paid on auto loan used to purchase this vehicle	
Was the vehicle available for personal use? Yes <input type="radio"/> No <input type="radio"/> Is another personal-use auto available? Yes <input type="radio"/> No <input type="radio"/>	
Do you have evidence to support this deduction? Yes <input type="radio"/> No <input type="radio"/> If "Yes", is the evidence written? Yes <input type="radio"/> No <input type="radio"/>	

Vehicle 2 Expenses (Provide these expenses if you are NOT claiming the standard mileage rate)			
Garage Rent		Repairs	
Gas		Tires	
Insurance		Tolls	
Licenses		Registration Fees	
Oil		Other Expenses (list):	
Parking Fees			
Lease Payments			

Business Use of Home	
Did you use a portion of your home for regular and exclusive business use? Yes <input type="radio"/> No <input type="radio"/>	
If yes, please provide the following information:	
Total purchase price of home	
Cost of major improvements to home since you purchased it.	
Value of the land your home is built on	
Area of home used regularly and exclusively for business	Square Feet _____
Total area of home	Square Feet _____
Did you claim office-in-home expenses last year? Yes <input type="radio"/> No <input type="radio"/>	
Deductible mortgage interest paid (for entire home)	
Real estate taxes paid (for entire home)	
Insurance paid (for entire home)	
Rent paid (for entire home)	
Repairs and maintenance (for entire home)	
Repairs and maintenance allocable directly to business-use area of home only	
Utilities	
Other expense: Describe	
Date you first used your home for business	Month _____ Year _____
If you use your home for operating a child daycare business, enter the total hours during the year that children were using your home. Hours for the year _____	
Did you live in the home all year? Yes <input type="radio"/> No <input type="radio"/>	
If no, enter the date you lived in the home _____ to _____	

Notes/Comments

This is not an all inclusive organizer. If there are additional items that you believe to be pertinent to your specific tax situation or if you have additional comments about any figures in the organizer, please make note below.