# **Business Organizer**



#### I. CHECKLIST

| Company Information (New Clients Only)  |  |
|---|--|
| Articles of Incorporation or Organization and Bylaws  |  |
| S Election (Form 2553), if applicable   |  |
| List of shareholders including addresses, social security numbers & number of shares                |  |
| Names, addresses, and titles for officers and directors   |  |
| Prior year's tax returns (Federal and state), if applicable   |  |
| Financial Information   |  |
| Back up of QuickBooks file, if applicable (can be sent via email)                                   |  |
| Profit & Loss Statement for the year and year-end Balance Sheet                                     |  |
| If no Quickbooks file, detailed general ledger or breakdown of transactions for the year            |  |
| End-of-year bank reconciliations and copy of December bank statements                               |  |
| Copies of December business credit card statements  |  |
| Copy of December sales tax report, if applicable  |  |
| End-of-year balances on notes payable   |  |
| Recap of expenses paid by officer, but not reimbursed by Company                                    |  |
| Payroll Information   |  |
| Copies of end of year payroll reports (941, 940, and TWC)   |  |
| Copies of W2s and W3  |  |
| Miscellaneous Information   |  |
| Auto mileage for each vehicle, listing total miles, commuting miles and business miles              |  |
| If new purchase or lease of vehicle, copy of purchase/lease agreement                               |  |
| Medical insurance premiums for shareholders   |  |
| Dates, description and amount of all purchases of furniture and/or equipment                        |  |
| If office-in-home is claimed, total amounts paid for utilities, insurance and repairs & maintenance |  |

## II. BUSINESS INCOME AND EXPENSES

| Business Information              |                       |  |  |
|-----------------------------------|-----------------------|--|--|
| Name of Business                  | Type of Business      |  |  |
| Business Address (if different)   |                       |  |  |
| Federal ID Number (if applicable) |                       |  |  |
|                                   |                       |  |  |
|                                   | Revenues              |  |  |
| Gross Receipts                    |                       |  |  |
| Returns & Allowances              |                       |  |  |
| Other Income                      |                       |  |  |
|                                   | Cost of Goods Sold    |  |  |
|                                   |                       |  |  |
| Beginning Inventory               |                       |  |  |
| Purchases Ending Inventory        |                       |  |  |
| Ending inventory                  |                       |  |  |
|                                   | Expenses              |  |  |
| Advertising                       | Meals & Entertainment |  |  |
| Bank Charges                      | Office Supplies       |  |  |
| Business Promotion                | Postage & Delivery    |  |  |
| Contract Labor                    | Rent                  |  |  |
| Computer Expense                  | Supplies              |  |  |
| Dues & Subscriptions              | Taxes                 |  |  |
| Insurance                         | Telephone             |  |  |
| Interest Expense                  | Travel                |  |  |
| Legal & Professional Fees         | Wages & Salaries      |  |  |
| Licenses & Permits                |                       |  |  |
| Other:                            | Other:                |  |  |
|                                   |                       |  |  |
|                                   |                       |  |  |
|                                   |                       |  |  |
| 1                                 | 1                     |  |  |

#### III. OTHER BUSINESS EXPENSES

| Asset Purchases |             |        |
|-----------------|-------------|--------|
| Date            | Description | Amount |
|                 |             |        |
|                 |             |        |
|                 |             |        |
|                 |             |        |

| Home Office Deductions |                        |  |
|------------------------|------------------------|--|
| Office Sq. Ft.         | Repairs & Maintenance* |  |
| Total Sq. Ft.          | Utilities              |  |
| Insurance              | Rent                   |  |

| Auto Expenses                |                              |  |  |
|------------------------------|------------------------------|--|--|
| Vehicle #1                   | Vehicle #2                   |  |  |
| Make & Model                 | Make & Model                 |  |  |
| Total Miles Driven This Year | Total Miles Driven This Year |  |  |
| Business Miles               | Business Miles               |  |  |
| Commuting Miles              | Commuting Miles              |  |  |
| Gas & Oil Expenses           | Gas & Oil Expenses           |  |  |
| Insurance                    | Insurance                    |  |  |
| Lease Payments               | Lease Payments               |  |  |
| Repairs & Maintenance        | Repairs & Maintenance        |  |  |

<sup>\*</sup> Repairs & Maintenance can include the following expenses : home repairs, home maintenance, homeowner's dues, landscaping, security systems, pest control, and home warranties

## IV. OTHER

| Questions & Comments |
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