

If any information cannot fit on this sheet, use as many duplicates as necessary



*visit

www.mohillaccounting.com
for more information

Business Tax Organizer

DATE: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

EIN: _____ - _____ Business Start Date: MM ____ DD ____ YR ____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Entity:

Did your business file a return for the year 2015? Yes No

TAXPAYER INFORMATION (owners)

TP Name: _____ % Ownership _____

SSN: _____ - _____ - _____ Date of Birth: MM ____ DD ____ YR ____

TP Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____

TP Name: _____ % Ownership _____

SSN: _____ - _____ - _____ Date of Birth: MM ____ DD ____ YR ____

TP Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____



Business Income and Expenses

If you have a QuickBooks file or other system of bookkeeping, don't complete this page. Just send us a copy of your P&L and Balance Sheet. Also, send us any supporting documentation (1099-Misc, etc.)

YEAR _____

Total Income from business \$ _____

Cost of Goods Sold

Dollar Amount of Beginning Inventory \$ _____
Dollar Amount of Purchases \$ _____
Dollar Amount of Ending Inventory \$ _____
Subcontractors Expense \$ _____

Expenses

Advertising \$ _____
Insurance \$ _____
Interest Paid \$ _____
Legal/Professional Fees \$ _____
Vehicle Expenses \$ _____
Meals and Entertainment \$ _____
Payroll Expenses \$ _____
Tools \$ _____
Office Expenses \$ _____
Rent Expense \$ _____
Repairs/Maintenance \$ _____
Taxes and Licenses \$ _____
Travel Expenses \$ _____
Utilities \$ _____
Telephone Expense \$ _____
Internet Expense \$ _____
Equipment/Machinery Rental \$ _____
Equipment/Machinery Purchase \$ _____

Miscellaneous Expenses

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____