

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 2018?  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

\$   
 \$   
 \$   
 \$