

**2017 BUSINESS ORGANIZER**  
**CORPORATION, PARTNERSHIP, OR SCHEDULE C FILER**



**GENERAL INFORMATION**

Name of Entity \_\_\_\_\_ EIN # \_\_\_\_\_ - \_\_\_\_\_  
 Assumed Name filed with Secretary of State \_\_\_\_\_  
 Your Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address (If Changed) \_\_\_\_\_ E-mail \_\_\_\_\_

**END OF YEAR CASH BALANCE**

Savings \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_

(Check Register Balance at Year End)

**LIABILITIES: Corporate** Credit Card Balance \$ \_\_\_\_\_

Loans - List \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

(List only those in corporate name)

**INCOME**

\$ \_\_\_\_\_ Business Gross Receipts/Sales  
 \$ \_\_\_\_\_ Business Dividends - Attach 1099's  
 \$ \_\_\_\_\_ Business Interest - Attach 1099's  
 \$ \_\_\_\_\_ Other (Detail)

**COST OF GOODS SOLD**

(REALTORS, proof of commission income required (e.g.1099))  
 \$ \_\_\_\_\_ Beginning Inventory \$ \_\_\_\_\_ Other Costs  
 \$ \_\_\_\_\_ Purchases \$ \_\_\_\_\_ Ending Inventory  
 \$ \_\_\_\_\_ Cost of Labor  
 \$ \_\_\_\_\_ Material

**DEDUCTIONS – If QB’s or Quicken used - no need to complete this section**

**Equip. Purchases – Any individual item paid \$2500+ list separately on Page 2 – DO NOT INCLUDE ON THIS PAGE**

A business expense is deductible if it is an “Ordinary & Necessary” expense of your trade, business or profession.

**PAYROLL:**

\$ _____ Client Costs (Includes Realtor Opens)
Non-BBD payroll clients - provide copies of qtrly payroll reports \$ _____ Dues & Subscriptions
BBD payroll clients - do not need to provide payroll information \$ _____ Continuing Education
\$ _____ Repairs/Maintenance on equipment/real estate \$ _____ Business Liability Insurance
\$ _____ Office Rent to Self (Home Office) \$ _____ Workman's Comp Insurance
\$ _____ Other Rents (Storage/Outside Office) \$ _____ Office Exp – Stationery, Business cards
\$ _____ Licenses, Fees Certification \$ _____ Parking
\$ _____ Interest Paid \$ _____ Postage and Delivery
\$ _____ Advertising/Marketing \$ _____ Printing and Reproduction
\$ _____ Retirement Contribution (For Tax Year 2017) \$ _____ Professional & Legal Fees (Attorney, Acct, Tax Prep)
\$ _____ Disability Insurance (paid by business) \$ _____ Promotions (Promo. items, Client Gifts - \$25/person max)
\$ _____ Health Insurance \$ _____ Cell phone –Total Amount (Bus % on Pg. 2)
\$ _____ Life Insurance (Term - \$50,000 or less) \$ _____ Internet Service –Total Amount (Bus % on Pg.2)
\$ _____ Medical Expenses (C-Corp Only) \$ _____ Telephone (Bus line only, not 1st line into home)
\$ _____ Meals (Enter at 100% - NOT ENTERTAINMENT) \$ _____ Travel (Airfare, lodging, car rental)
\$ _____ Entertainment (Enter at 100% - NOT MEALS) \$ _____ Utilities (NOT HOME OFFICE)
\$ <u>List on Page 2</u> Auto Expenses \$ _____ Other (List category & amount)
\$ _____ Bank Charges

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### AUTO MILEAGE DOCUMENTATION - WRITTEN RECORD REQUIRED

**NOTE: If the answer to #2 or #3 is no, you must recreate 3 months of auto logs before we can deduct any of your auto expenses.**

		Yes	No
1	Is another vehicle available for personal use?		
2	Do you have evidence to support your mileage information reported above?		
3	If "Yes", is the evidence written in a log or other written format?		

### VEHICLE INFORMATION AND EXPENSES - NOTE: WRITTEN RECORD REQUIRED

		Vehicle 1	Vehicle 2
1	Auto Make, Model, & Year		
2	Total Miles in 2017 <b>Jan 1 to Dec 31</b>		
3	Business Miles in 2017 <b>Jan 1 to Dec 31 (.535)</b>		
4	Commuting Miles		
5	<b>Tabs</b> (Required information)		
	<b>Auto Loan Interest</b> paid in 2017		
6	Was this vehicle purchased in this tax year? <b>■ If yes, complete balance of line 6.</b>	Yes    No	Yes    No
	Date of Purchase? (2017 purchases only) (Provide purchase agreement)	Date ____/____/____ Price \$ _____	Date ____/____/____ Price \$ _____
	Is it over 6,000lbs GVW?	Yes    No	Yes    No
	Loan balance end of year?		
7	Actual Expenses		
	Gas	\$ _____	\$ _____
	Oil	\$ _____	\$ _____
	Insurance	\$ _____	\$ _____
	Repairs/Maint.	\$ _____	\$ _____
	Other	\$ _____	\$ _____
	Lease Pymt's	\$ _____	\$ _____

### NEW EQUIPMENT/CAPITAL IMPROVEMENTS

If you purchased Equipment, Furniture, Vehicles, or made Property Improvements, list below. (DO NOT include in any other expense category)					
Description	Date	Cost	Asset Was		If Trade-In Involved
			New	Used	Description

What is the business use percentage of the following? For your line only - Cell Phone \_\_\_\_\_%    Internet \_\_\_\_\_%

Does your plan have multiple phone lines? (Family Plan)    Yes    No

If Yes, amount for non-business lines (monthly or yearly) \_\_\_\_\_

Did you sell any business assets in the tax year?    Yes    No

Did you dispose of any business assets in the tax year?    Yes    No

Were payments made that required filing forms 1099?    Yes    No

\*\* If Yes, were all required forms 1099 filed or will be filed?    Yes    No