

**2018 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 \$ \_\_\_\_\_

**LIABILITIES:** Corporate Credit Card Balance \$ \_\_\_\_\_  
 Loans - List \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**(Check Register Balance at Year End) – ONLY ACCTS IN CORPORATE NAME**

**INCOME**

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

**COST OF GOODS SOLD**

\$ \_\_\_\_\_ Beginning Inventory  
 \$ \_\_\_\_\_ Purchases  
 \$ \_\_\_\_\_ Cost of Labor (NOT PAYROLL)  
 \$ \_\_\_\_\_ Materials  
 \$ \_\_\_\_\_ Other Costs  
 \$ \_\_\_\_\_ Ending Inventory

**DEDUCTIONS – If you use QuickBooks or Quicken – Fill out Business Questionnaire**

**Equip Purchases – List items of \$2500 or more on Page 3 – 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:**

**NON-BBD Payroll Clients - Provide Copies of Payroll Reports**  
 BBD Payroll Clients – No Action Required – Info On-File  
 \$ \_\_\_\_\_ Repairs/Maintenance on equipment/real estate  
 \$ \_\_\_\_\_ Office Rent to Self (**Home Office**)  
 \$ \_\_\_\_\_ Other Rents (Storage/Outside Office)  
 \$ \_\_\_\_\_ Licenses, Fees Certification  
 \$ \_\_\_\_\_ Interest Paid  
 \$ \_\_\_\_\_ Advertising/Marketing  
 \$ \_\_\_\_\_ Retirement Contribution (**For Tax Year 2018**)  
 \$ \_\_\_\_\_ Disability Insurance (paid by business)  
 \$ \_\_\_\_\_ Health Insurance  
 \$ \_\_\_\_\_ Life Insurance (Term - \$50,000 or less)  
 \$ \_\_\_\_\_ Medical Expenses (**C-Corp Only**)  
 \$ List on Page 2 Meals (**SEE PAGE 2**)  
 \$ List on Page 2 Entertainment (**SEE PAGE 2**)  
 \$ List on Page 3 Auto Expenses (**SEE PAGE 3**)

\$ \_\_\_\_\_ Bank Charges  
 \$ \_\_\_\_\_ Client Costs (**Includes Realtor Opens**)  
 \$ \_\_\_\_\_ Dues & Subscriptions  
 \$ \_\_\_\_\_ Continuing Education  
 \$ \_\_\_\_\_ Business Liability Insurance  
 \$ \_\_\_\_\_ Workman's Comp Insurance  
 \$ \_\_\_\_\_ Office Exp – Stationery, Business Cards  
 \$ \_\_\_\_\_ Parking  
 \$ \_\_\_\_\_ Postage and Delivery  
 \$ \_\_\_\_\_ Printing and Reproduction  
 \$ \_\_\_\_\_ Professional & Legal Fees (Attorney, Acct, Tax Prep)  
 \$ \_\_\_\_\_ Promotions (Promo. items, Client Gifts - **\$25/person max**)  
 \$ List on Page 2 Cell Phone – (**SEE PAGE 2**)  
 \$ List on Page 2 Internet Service – (**SEE PAGE 2**)  
 \$ \_\_\_\_\_ Telephone (**Bus line only, not 1<sup>st</sup> line into home**)  
 \$ \_\_\_\_\_ Travel (Airfare, lodging, car rental)  
 \$ \_\_\_\_\_ Utilities (**NOT HOME OFFICE**)  
 \$ \_\_\_\_\_ Other (List category & amount)

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1. What is your total Cell Phone Service Expense? \$ \_\_\_\_\_  
 Does your plan have multiple phone lines? (Family Plan)  Yes  No  
 If Yes, what is the annual amount for non-business lines? \$ \_\_\_\_\_  
 What is the BUSINESS use percentage for? **For Business Lines Only** \_\_\_\_\_%
2. What is your total Internet Expense (do NOT include cable TV)? \$ \_\_\_\_\_  
 What is the BUSINESS use percentage for? \_\_\_\_\_%
3. Were payments made that required filing forms 1099?  Yes  No  
 If Yes, were all required forms 1099 filed or will be filed?  Yes  No

**TAX LAW CHANGES:** THE TAX CUTS AND JOB ACT CHANGED HOW MEALS & ENTERTAINMENT EXPENSES ARE DEDUCTIBLE FOR 2018. PLEASE REVIEW THE CHART BELOW AND ENTER THE CORRESPONDING TOTALS FOR EACH TYPE OF EXPENSE.

**Meals and Entertainment Deduction for 2018**

Expense Type	Fed Law 2018	MN Law 2018
Office/Holiday Parties (for Employees)	100% deductible	100% deductible
Business Meals	50% deductible	50% deductible
Employee Travel Meals	50% deductible	50% deductible
Employee Meals – At Office	50% deductible	100% deductible
Business Entertainment	Not Deductible	50% deductible

**Enter TOTAL COST for each category at 100%**

- \$ \_\_\_\_\_ Office/Holiday Party Meals for Employees  
 \$ \_\_\_\_\_ Business Meals  
 \$ \_\_\_\_\_ Employee Travel Meals  
 \$ \_\_\_\_\_ Employee Meals – At Office  
 \$ \_\_\_\_\_ Business Entertainment

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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 2018 <b>Jan 1 to Dec 31</b>		
3	Business Miles in 2018 <b>Jan 1 to Dec 31 (.545)</b>		
4	Commuting Miles		
5	<b>Tabs</b> (Required information)		
	<b>Auto Loan Interest</b> paid in 2018		
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? <b>(2018 purchases only)</b>	Date ___/___/___	Date ___/___/___
	<b>(Provide purchase agreement)</b>	Price \$ _____	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	\$ _____	\$ _____

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

**NEW EQUIPMENT/CAPITAL IMPROVEMENTS**

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

In an effort to be certain you gain all the tax advantages possible, please take a moment to complete these questions. Your answers to these questions are **VERY IMPORTANT** in determining your qualifications for the new 20% business deduction.

<b>Date:</b>	
<b>Business Name</b>	
<b>Client Name</b>	

**WHAT DO YOU DO?**

<b>Does your business make a physical product?</b>	<b>Yes</b>	<b>No</b>	<b>unsure</b>
If YES - Describe your product here . . .			
<b>Does your business sell a service</b>	<b>Yes</b>	<b>No</b>	<b>unsure</b>
If YES - Describe your service here . . .			
<b>Do you "make something" in your business</b>	<b>Yes</b>	<b>No</b>	<b>unsure</b>
If YES - Describe what you make . . .			

**HOW DO YOU DO IT?**

TYPE HERE: Describe to us how you generate your income. EXAMPLE: BBD sells it tax planning services to small businesses. We generate our revenue from tax preparation, accounting services and business consulting services.

**WHO DO YOU SELL TO**

TYPE HERE: Describe to us who your customers are.

**YOUR INDUSTRY: Please check which occupation most closely resembles yours. (You can check more than one)**

	INDUSTRY TYPE	Yes	No	% of revenue
Check each industry that applies. Please indicate what % of your annual revenue comes from that industry.	Accounting Services			
	Agriculture			
	Architect			
	Construction - New Homes			
	Construction - Remodel			
	Consulting - (Describe below)			
	Education/Training			
	Financial Planning Services			
	Health Services			
	Insurance Agent (commission income)			
	Legal Services - Attorney			
	Management Services			
	Manufacturing			
	Performing Arts			
	Real Estate Agent (commission income)			
	Retail Sales - List			
	Sales Agent Other - Describe			
	Skilled Trade Occupation - Electrician, Plumber, etc.			
	<b>OTHER: List</b>			
	<b>Additional Details - Describe here.</b>			

<b>Do you have any other business activities besides what is listed here</b>	<b>Yes</b>	<b>No</b>	<b>unsure</b>
If YES - Describe ...			