

# 2019 BUSINESS ORGANIZER

**CORPORATION, PARTNERSHIP, OR SCHEDULE C FILER**



## GENERAL INFORMATION

Name of Entity \_\_\_\_\_

Did any of your corporate information change during 2019 (e.g. address, ownership, email, phone, etc.)  Yes  No

**YEAR END BALANCES – ONLY ACCOUNTS IN CORPORATE NAME**

### CASH BALANCES

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

### LIABILITIES:

Credit Card Balance \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Vehicle Loans \$ \_\_\_\_\_

### 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 – USE BUSINESS QUESTIONNAIRE

**Equip Purchases – List items of \$2500 or ABOVE in Equipment, Furniture & Improvement Section Below**

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

**PAYROLL REPORTS AND INFORMATION**

myBBDPay Clients – No Action Needed

Non-myBBDPay Clients (ADP, Paychex, ect) – Please provide quarterly tax returns and year end employee earnings stmts.

- \$ \_\_\_\_\_ 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 2019**)
- \$ \_\_\_\_\_ Disability Insurance (paid by business)
- \$ \_\_\_\_\_ Health Insurance
- \$ \_\_\_\_\_ Life Insurance (Term - \$50,000 or less)
- \$ \_\_\_\_\_ Medical Expenses (**C-Corp Only**)
- \$ **List on Page 2** Meals & Entertainment (**SEE PAGE 2**)
- \$ **List on Page 2** Auto Expenses (**SEE PAGE 2**)
- \$ \_\_\_\_\_ 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 & Internet– (**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)

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	Allowance

**2019 BUSINESS ORGANIZER (PAGE 2)**  
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Name of Entity \_\_\_\_\_

**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 place?		

**VEHICLE INFORMATION AND EXPENSES (WRITTEN RECORD REQUIRED)**

		Vehicle 1	Vehicle 2
1	Auto Make, Model, & Year		
2	Total Miles in 2019 <b>Jan 1 to Dec 31</b>		
3	<b>Business</b> Miles in 2019 <b>Jan 1 to Dec 31</b>		
4	Commuting Miles		
5	<b>Tabs</b> (Required information)		
	<b>Auto Loan Interest</b> paid in 2019 (if-applicable)		
6	Was this vehicle purchased in this tax year? <b>■ If yes, please provide purchase agreement</b>	___ Yes ___ No	___ Yes ___ No
7	Actual Expenses		
	Gas	\$ _____	\$ _____
	Oil	\$ _____	\$ _____
	Insurance	\$ _____	\$ _____
	Repairs/Maint.	\$ _____	\$ _____
	Other	\$ _____	\$ _____
	Lease Payments	\$ _____	\$ _____

**Cell Phone Expense Allocation**

**Total Amount Paid** \$ \_\_\_\_\_  
**Family/Other Use Portion** \$ \_\_\_\_\_  
**Personal Use Portion** \$ \_\_\_\_\_  
**Business Use Portion** \$ \_\_\_\_\_

Example: Shirley has a family cell plan that she uses for business that costs her \$220 per month. \$20 of that \$220 is for Shirley's husband and son's extra lines. Of the remaining \$200, Shirley believes she uses the phone 20% (\$40) personally and 80% (\$160) for business. Here's how she would arrive at answers for this section.

Total Amount Paid:  $(\$220 \times 12)$  \$2,640  
 Family/Other Portion  $(\$20 \times 12)$  \$ (120)  
 Personal Use Portion:  $(\$40 \times 12)$  \$ (480)  
 Business Use Portion:  $(\$2,640 - \$120 - \$480)$  \$2,040

Total Internet Expense <b>(INTERNET PORTION ONLY - NOT TV)</b>	\$ _____
What is the BUSINESS use percentage?	%
Were payments made that required filing forms 1099?	Yes No
If yes, were all required forms 1099 filed or will be filed?	Yes No
Do you have retirement plan with over \$250,000 in assets?	Yes No
Do you have other employees besides yourself?	Yes No
Did you file State Sales Tax Returns?	Yes No
Do you do business outside of MN?	Yes No
If yes, which states?	
Did you sell/dispose of any assets in the corporate year?	Yes No
What type of Retirement Plan do you have? (CHECK ONE BELOW)	
SEP IRA    401(k)    SIMPLE IRA    OTHER: _____	

**Meals & Entertainment Detail**

*(Employees = Individuals Other Than Owners)*  
 \$ \_\_\_\_\_ Office Party Meals for Employees  
 \$ \_\_\_\_\_ Business Meals  
 \$ \_\_\_\_\_ Travel Meals  
 \$ \_\_\_\_\_ Employee Meals at Office  
 \$ \_\_\_\_\_ Business Entertainment

**TAX LAW CHANGES:** THE TCJA CHANGED HOW MEALS & ENTERTAINMENT EXPENSES ARE DEDUCTIBLE FOR 2019. ABOVE DETAIL REQ.