



# Small Business Tax Organizer - 2025

EIN: \_\_\_\_\_ - \_\_\_\_\_ Business Name:

Owner:

Address if different from home:

Service or Product Type:

Accounting method (choose one): Cash Accrual

**Income and Expenses:**

Gross Income:	\$		
Returns or refunds	\$ ( )		
Other income	\$		
Inventory at beginning of the year	\$	Inventory at the end of the year	\$
Product Purchases	\$	Materials and supplies	\$
COGS Labor	\$		
<b>Expenses:</b>			
Advertising	\$	Legal and Professional Services	\$
Accounting	\$	Travel	\$
Bank fees and charges	\$	Meals	\$
Charitable contributions	\$	Office supplies	\$
Cleaning/janitorial	\$	Office Expense	\$
Commissions and fees	\$	Licenses and Fees	\$
Contract labor	\$	Postage or Freight	\$
Employee benefit programs	\$	Professional education and training	\$
Dues or Subscriptions	\$	Rent or lease —machinery/equipment	\$
Health care plans — employee	\$	Rent or lease — office/storefront	\$
Health care plans — owner	\$	Repairs and maintenance	\$
Insurance (other than health)	\$	Salaries and wages	\$
Interest — business credit cards/loans	\$	Taxes —payroll	\$
Management fees	\$	Taxes —property	\$
Utilities	\$	Taxes — sales	\$
Internet service	\$	Telephone	\$
Security	\$	Tools	\$
Uniforms	\$	Parking and Tolls	\$

**Other Expenses – List out type and expense amount**

\$		\$		\$
\$		\$		\$

## Tax Return Preparation

We will prepare the tax return based on information provided. In the event the return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of the corporation's return do not include auditing or review of receipts or bank account information.

## Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If additional information is received after we begin working on the return, you will contact us immediately to ensure the completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review documentation.
- You must be able to provide written records of all items included on the return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You should keep a copy of the tax return and any related tax documents.

**Signatures.** By signing below you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Taxpayer

Title

Date:

## Vehicle Information and Expenses

\*If you are using the standard mileage rate only fill out the vehicle mileage section.

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	<b>Business miles driven during the year</b>		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	<b>Total miles driven</b>		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

### Auto Mileage Documentation

	Yes	No
1	Is another car 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?	

### Business Use of Home

\*If you are using the safe harbor method only fill out the square footage sections.

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
<b>Total area of home (in square feet)</b>		
<b>Total area used for business</b>		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		

### Business Equipment Purchase or Sale

Equipment Description	Date of Purchase	Cost	Date of Sale	Sale Price

### Federal, State and Local or Other Estimated Taxes Paid

#### Federal Estimates

Enter Payment Information	Filer and/or Joint Payments		State Payments	
	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year				
2 First quarter payment				
3 Second quarter payment				
4 Third quarter payment				
5 Fourth quarter payment				