



BUSINESS TAX ORGANIZER – 2016 TAX YEAR

(NOT FOR RENTALS, SEE RENTAL WORKSHEET)

Business Name: _____ EIN #: _____ - _____

Owner Name: _____ Phone #: _____ - _____ - _____

Address: _____ Suite _____ City _____ ST _____ Zip _____

INCOME: This is ALL monies received by your business for services &/or product.

Total of all 1099s: paid to corporation \$ _____ **(Must bring all 1099s for tax preparation)** Total **Income** Deposited: \$ _____

EXPENSES: Please total all receipts for each item first, then fill in the TOTAL amounts below!

Auto Mileage for Business: Vehicle #1 _____	Vehicle #2 _____	Vehicle #3 _____
Advertising/Signage Installation \$ _____	Merchant Fees \$ _____	
Bank Fees/Service Charges \$ _____	Office &/or Storage Rental \$ _____	
Bank Supplies (Checks/etc.) \$ _____	Office Supplies &/or Equipment \$ _____	
Business Cards \$ _____	Payroll Paid Out \$ _____	
Business Licenses/Permits \$ _____	Payroll Taxes (Have 941s & DETR) \$ _____	
Cell Phone/Accessories \$ _____	Payroll/Bookkeeping Services \$ _____	
Client Gifts/Promotional Expenses \$ _____	Postage/Fax/Shipping \$ _____	
Company Paid Health Ins. \$ _____	Printing/Copies/Flyers \$ _____	
Computer Equipment/Expense \$ _____	Professional Fees (ex. Legal) \$ _____	
Contracted Labor (Total \$ for 1099s) \$ _____	Promotional Expense \$ _____	
Corp Expenses (Renewal, set-up) \$ _____	Referral Fees \$ _____	
Cost of 20 _____ Tax Prep. \$ _____	Rent Paid \$ _____	
Credit Card Fees/Interest \$ _____	Telephone/Fax \$ _____	
Credit Report Fees \$ _____	Tools/Equipment for Job/s* \$ _____	
Day Labor (Paid ea. \$600 or less) \$ _____	Travel Lodging \$ _____	
Donations/Sponsorships \$ _____	Travel Transportation/Fuel/Parking \$ _____	
Dues/Subscriptions/Memberships \$ _____	Uniforms/Dry Cleaning Cost \$ _____	
Education/Training/Seminars \$ _____	Utilities (Gas, H2o, Elec, etc. = Total) \$ _____	
Internet/DSL \$ _____	Work Supplies &/or Materials \$ _____	
Meals &/or Entertainment \$ _____	Workmen's Comp/Liability Ins \$ _____	

***Any equipment &/or tools purchased costing \$200 + please itemize below: (Item purchased with \$ amount)**

1099s need to be given to any person/company (not an LLC or Corp) you paid \$600 or more to by January 31st.

All information supplied on this worksheet is correct & accurate for the use of E-FILE TAX SERVICES OF NEVADA, INC to use for my 2016 tax return. I am aware that I must have proof of all expenses in the event proof is needed & I hold myself accountable for all numbers supplied to E-FILE TAX SERVICES OF NEVADA, INC.

SIGNATURE _____ DATE _____ 20 _____