

K.R. Colby & Associates, Inc.

INCOME TAX & ACCOUNTING SERVICES

USE THIS ORGANIZER AS A GUIDE TO GATHER INFORMATION PERTAINING TO YOUR SMALL BUSINESS

Please do not include individual receipts. Keep them for your records in the event of an audit. Provide our office with totals only.

www.colbytax.com Email: admin@colbytax.com Phone: 801-317-4148 Fax: 801-823-2371

GENERAL BUSINESS INFORMATION

Name of Business _____ Owner _____ EIN or SS # _____
 Type of Business (Industry) _____ Business Phone # _____ Email _____
 Business Address _____ City _____ State _____ Zip _____
 ___ Sole Proprietor ___ S-Corp ___ C-Corp ___ LLC ___ Partnership Accounting Method ___ Cash ___ Accrual
 Start Date _____ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) _____

INCOME & EXPENSES

TOTAL INCOME (1099's plus other revenue) _____

Less Returns and Allowances _____

EXPENSES

Advertising _____

Automobile Expense (complete section to right) _____

Bank Service Charges _____

Cleaning & Janitorial _____

Commissions/Independent Contractors _____

Computer & Internet Expenses _____

Dues & Publications _____

Education & Seminars _____

Employee Benefit Programs _____

Fines & Penalties (Non-Deductible) _____

Insurance (Fire, Liability, Workers Comp) _____

 Health Insurance _____

 Life & Disability Insurance _____

Interest (Business Related) _____

Legal & Professional Fees _____

Licenses & Permits _____

Office Supplies & Expenses _____

Postage & Freight _____

Rent/Lease Business Property _____

Repairs & Maintenance (Not Home Office) _____

Supplies _____

Taxes (not Income Tax or Sales Tax) _____

Travel & Lodging (Out of Town) _____

Meals & Entertainment _____

Telephone (Local, Long Distance, Cell) _____

Tools Replacement _____

Uniforms _____

Utilities (Not Home Office) _____

Wages & Salaries Paid Out _____

 Payroll Taxes _____

Other Expenses (Please List) _____

COST OF GOODS SOLD

Product Purchased for Resale _____

Product Used for Personal Use _____

Materials and Supplies _____

Contract Labor _____

Beginning Inventory _____

Ending Inventory _____

BUSINESS USE OF VEHICLE

Vehicle Description _____

Date Vehicle was Placed in Service _____

Original Purchase Price or Other Basis _____

Mileage (All Fields Required)

 Business Miles _____

 Commuting Miles _____

 Other Personal Miles _____

 Total Miles _____

Actual Expenses Paid

 Gasoline & Oil _____

 Repairs, Tires, Car Washes _____

 Auto Insurance _____

 Registration Fees _____

 Vehicle Loan Interest _____

OFFICE IN HOME EXPENSES

Area Used Exclusively for Business _____ sq. ft.

Total Area of Home _____ sq. ft.

Mortgage Interest _____

Property Taxes _____

Mortgage Insurance _____

Homeowners Insurance _____

Rent _____

Repairs & Maintenance _____

Utilities _____

Other Expenses _____

NEW EQUIPMENT PURCHASED

Furniture, Equipment and Tools Purchased for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on the back side of this paper with the **Date Purchased, Description, and Purchase Price.**