Business Organizer pages 4-6

Lavage & Associates, PC

Use for your business expenses for your individual (Schedule C), corporate (S Corp or LLC) or partnership (regular or LLC) tax returns

Section 1 - Identity: Complete entire section 1	or all businesse	s (See Other Organizer for W2 Employ	yee Business Exp)		
Business owner name:		Employer ID#			
Business name (legal or fictitious name):			Tax year:		
Description of product or service:		In	dicate Tax Type (select one)		
Business address (if not home address):	/		Individual/Proprietorship (Schedule C)		
Check if legally formed as an LLC Check if you did NOT materially participate in the	business during the	year	S Corporation (1120S) Partnership (1065)		
Section 2 - Business Income: Complete applic	able lines				
(attach Form(s) 1099, if any)		Please note: the following expense items are listed on pages 5 & 6			
Gross business sales receipts		Cost of sales items for goods & products sold			
(including portion not on 1099 Forms)	\$	Vehicle expenses (mileage, acquisition, as	sociated expenses)		
Less: returns & allowances	\$	Business equipment, computers, furniture,	etc.		
Other income (indicate type):		Home office expenses			
	\$	Employee Business Expenses for W2 wage ea	rner has a separate organizer		
	\$				
Section 3 - General Business Expense	Deductions:	Complete applicable lines only			
	\$	Bank charges	\$		
Advertising		Chargebacks	s		
Contract labor poid (1009 MISC)	\$ \$	Credit card merchant fees	\$		
Contract labor paid (1099-MISC) Entertainment (Business/Nondeductible)	\$		\$		
Health insurance	\$	Dues and subscriptions	\$		
Insurance - business (non-vehicle)	\$	Education	\$		
Interest - mortgage (1098) on business property only	\$	Internet	\$		
Interest - other (trade, credit card, non-auto loans)	\$	Marketing supplies & expense	\$		
	\$	Postage	\$		
Professional services - legal & other	\$	Printing	\$		
Professional services - tax & accounting	\$	Promotion	s.		
Meals (100%-with business associates or in travel)	\$	Recruiting	\$		
Office supplies & expense (list assets below/page 2)	s	Telephone - cell phone	s		
Rent - machinery & equipment	\$	Telephone - exclusive business line or fax	\$		
Rent - building Repairs & maintenance (non-vehicle)	\$				
	\$	Other expenses (not above or below/pages 2-3			
Supplies	\$		\$		
Taxes - payroll	s		\$		
Taxes - property	s		\$		
Taxes - sales (if included in income above)	s		\$		
Taxes - licenses & fees	\$		\$		
Travel - lodging & transportation	\$	-Check if paid any person, LLC			
Utilities (list home office on page 2) Wages paid (attach W-2 & W-3 forms)	\$	-Check if required 1099 was issu			

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Sacti	on 4 - Vehicle Expenses: Comple	te only if ap	olicable				
36011	Check to affirm you have documented evidence to	support this dedu	ction.	Vehicle #1		Vehicle #2	
	Date vehicle was placed in service						
	Vehicle year, make & model						
	TOTAL mileage driven during the year						
	BUSINESS mileage driven during the year (do not include commuting)						
<u> </u>	Check if using STANDARD MILEAGE and proceed to Section 5						
	Check if using ACTUAL EXPENSES & complete information below						
	Operating expenses including gasoline, oil, repairs, maintenance,						
	insurance, registration, (not traffic violations), etc.				\$		
	Business parking fees & tolls (exclude personal)		\$_		\$		
	If you OWN the vehicle(s):						
	Date purchased						
	Vehicle cost		\$ _		\$		
	Vehicle loan interest paid during the year		\$ _		\$		
	If you LEASE the vehicle(s):						
	Date lease began		<u> </u>				
	Length of lease		<u> </u>				
	Cost of vehicle if you had purchased it		\$_		\$		
	Down payment on lease		\$_		\$		
	Lease payments for the year		\$ _		\$		
Did	I you acquire assets used in your business during the lif Yes, provide details below for each; if no, proceed DESCRIPTION				\$ \$	COST	
Castia	a Coast of Salan only if calling goods	Inroduct	Section	7 - S Corp & Part	norchin It	ome Only	
	n 6 - Cost of Sales: only if selling goods				neramp iti		
	ry on January 1	\$	Cash in bank of			\$	
	purchased	\$		on December 31		\$	
Less: it	ems removed for personal use	\$		ine of credits & notes paya		\$	
Less: ir	oventory on December 31	\$	Credit cards, li	ine of credits & notes paya	able on Dec. 31	\$	
Other p	roduction costs		Personal funds	s deposited in business de	uring year	\$	
Labor fo	or production & manufacturing	\$	Funds paid ou	t to owner(s) during the ye	ear	\$	
Materia	ls & supplies for product	\$	Investments o	r foreign bank accounts?	Yes	No	
Other p	roduct costs (indicate type):						
		\$					
		\$					

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Section 8 - Home Office (for individual proprietorship/Schedule C only)						
Check if you meet the primary & exclusive use test. If you have questions see below (required for both safe harbor & actual expense methods).						
Space (square feet) used exclusively for your business office/storage						
Total space (square feet) of your home Check if you intend to us safe harbor method this year rather than actual expense method (if so, amounts below are not required).						
Date home acquired & date home placed in serv		•				
Original cost of home & cost of subsequent impr	ovements	\$				
Deductible home mortgage int (100% from Form 1098)	\$	HOME OFFICE SAFE HARBOR ADVANTAGES & DISADVANTAGES				
Real estate taxes paid (100%)	\$	+ easier (recordkeeping and calculation of deductions skipped)				
Insurance (100%)	\$	+/- no depreciation (lose current deduction but avoid future recapture)				
Rent (100%)	\$	- limited (both square footage (300) and amount (\$5 x 300 = \$1500))				
Repairs & maintenance (whole house)	s	- no carryover if Schedule C loss (vs. carryover with actual exp.)				
Repairs & maintenance (whole house) Repairs & maintenance (specific to business space)	•	- prohibited if any employer reimbursement received				
	•	- if Sch. C income, may result in lower deduction & higher				
Utilities (100%)	•					
Other expenses at 100% (security, HOA, etc.)		income & social security/self-employment taxes				
	_ \$	- prohibits use of any prior year actual expense carryover				
	_ \$	If you desire an analysis for your situation, check here and complete				
	_ \$	all the data for the actual expense method:				
You must meet one of the following three usage required (1) Separate structure not attached to the dwelling (2) If within your living structure, a room/space uither spend the majority of your time working management activities required by the busing (2) If you qualify under any one of the three rules about 1.	irements: ag unit that is used e sed regularly to phys se used as the only o g there (not out of th ess. If you sell retai ove, the home office must use the home of	sically meet with customers and never used for personal purposes. office space for your business (no commercial location) and you te house) or it is the only suitable place for performing administrative or I product, it may also include the storage space for the product. The must be used EXCLUSIVELY for the business. Iffice in connection with your work on a continuous, ongoing or recurring				