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	for all business	es (See Othe	r Organizer for W2 Em	ployee Busine	ss Exp)				
usiness owner name: Employer ID#										
Business name (legal or fictitious name):					Tax year:					
Description of product or service:					Indicate Tax Typ	pe (select one)				
Business address (if not home address):					Individual/Proprietorship					
					(Schedule	C)				
Check if legally formed as an LLC	eck if legally formed as an LLC									
Check if you did NOT materially participate in the business during the			ar		S Corporati Partnership					
Section 2 - Business Income: Complete appl	icable lines			<u></u>						
(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, acquisi			expenses (mileage, acquisitio	on, associated expenses)					
Less: returns & allowances	\$		Business	equipment, computers, furni	iture, etc.					
Other income (indicate type):			Home off	ice expenses						
	\$		Employee I	Business Expenses for W2 wag	ge earner has a sep	arate organizer				
	\$									
Section 3 - General Business Expense Deductions: Complete applicable lines only										
Advertising	\$		ank charge		-	\$				
Commissions & fees paid (1099-MISC)	\$	C	hargebacks	3		\$				
Contract labor paid (1099-MISC)	\$	C	redit card m	nerchant fees		\$				
Entertainment (Business/Nondeductible)	\$	C	ustomer gif	ts & incentives		\$				
Health insurance	\$	D	ues and su	bscriptions		\$				
Insurance - business (non-vehicle)	\$	E	ducation			\$				
Interest - mortgage (1098) on business property only	\$	lr	nternet			\$				
Interest - other (trade, credit card, non-auto loans)	\$	N	larketing su	pplies & expense		\$				
Professional services - legal & other	\$	P	ostage			\$				
Professional services - tax & accounting	\$	P	rinting			\$				
Meals (100%-with business associates or in travel)	\$	P	romotion			\$				
Office supplies & expense (list assets below/page 2)	\$	R	ecruiting			\$				
Rent - machinery & equipment	\$	Т	elephone -	cell phone		\$				
Rent - building	\$	Т	elephone -	exclusive business line or fax	(\$				
Repairs & maintenance (non-vehicle)	\$	U	Iniforms (no	t usable outside work)		\$				
Supplies	\$	c	ther expens	ses (not above or below/page	es 2-3)	'				
Taxes - payroll	\$					\$				
Taxes - property	\$					\$				
Taxes - sales (if included in income above)	\$					\$				
Taxes - licenses & fees	\$					\$				
Travel - lodging & transportation	\$					\$				
Utilities (list home office on page 2)	\$			-Check if paid any person,	LLC or parnership	\$600 or more				
Wages paid (attach W-2 & W-3 forms)	\$			-Check if required 1099 wa	as issued for \$600	or more paid				

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Section 4 - Vehicle Expenses: Complete	te only if appl	icable				
Check to affirm you have documented evidence to support this deduction			ehicle #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						
Check if using STANDARD MILEAGE and proceed	d to Section 5					
Check if using ACTUAL EXPENSES & complete in	nformation below					
Operating expenses including gasoline, oil, repairs						
insurance, registration, (not traffic violations), etc.		\$	\$			
Business parking fees & tolls (exclude personal)		\$	\$			
If you OWN the vehicle(s):						
Date purchased						
Vehicle cost	Vehicle cost		\$			
Vehicle loan interest paid during the year		\$	\$			
If you LEASE the vehicle(s):						
Date lease began						
Length of lease						
Cost of vehicle if you had purchased it		\$	\$			
Down payment on lease		\$	\$			
Lease payments for the year		\$	\$			
Section 5 - Business Assets Acquired						
Did you acquire assets used in your business during th	e vear (computer(s)	. equipment. furniture. et	c.)?	Yes No		
Did you acquire assets used in your business during the year (computer(s), equipment, furniture, etc.)? If Yes, provide details below for each; if no, proceed to Section 6 (if necessary, use additional sheets):						
DESCRIPTION	, a to C oolion o (ii iio		PURCHASED	COST		
2237.11 113.1		2,112	\$	000.		
			•			
			•			
		_	φ			
		_	, p			
			*			
Section 6 - Cost of Sales: only if selling goods	product	Section 7 - S C	Corp & Partners	hip Items Only		
Inventory on January 1	\$	Cash in bank on Janua	ry 1	\$		
Goods purchased	\$	Cash in bank on Decen	nber 31	\$		
Less: items removed for personal use	\$	Credit cards, line of cre	dits & notes payable on	Jan. 1 \$		
Less: inventory on December 31	\$	Credit cards, line of cre	dits & notes payable on	Dec. 31 \$		
Other production costs		Personal funds deposit	ed in business during ye	ear \$		
Labor for production & manufacturing	\$	Funds paid out to owne	er(s) during the year_	\$		
Materials & supplies for product	\$	Investments or foreign		Yes No		
Other product costs (indicate type):				- 		
, , , , , , , , , , , , , , , , , , ,	\$					
	\$					

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etorship/Schedule C only)							
ave 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 service							
\$							
HOME OFFICE SAFE HARBOR ADVANTAGES & DISADVANTAGES							
+ easier (recordkeeping and calculation of deductions skipped)							
+/- no depreciation (lose current deduction but avoid future recapture)							
- limited (both square footage (300) and amount (\$5 x 300 = \$1500))							
- no carryover if Schedule C loss (vs. carryover with actual exp.)							
- prohibited if any employer reimbursement received							
- if Sch. C income, may result in lower deduction & higher							
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:							
Entities (not allowed for S Corp or Partnership):							
Endices (not anowed for 5 corp or 1 arthership).							
1) You must meet one of the following three usage requirements: (1) Separate structure not attached to the dwelling unit that is used exclusively & regularly for your business activity.							
(2) If within your living structure, a room/space used regularly to physically meet with customers and never used for personal purposes.							
(3) Or, if within your living structure, a room/space used as the only office space for your business (no commercial location) and you							
either spend the majority of your time working there (not out of the house) or it is the only suitable place for performing administrative or							
management activities required by the business. If you sell retail product, it may also include the storage space for the product. 2) If you qualify under any one of the three rules above, the home office must be used EXCLUSIVELY for the business.							
2) If you qualify under any one of the three rules above, the nome office must be used EXCLUSIVELY for the business. 3) It must be regularly used for the business; you must use the home office in connection with your work on a continuous, ongoing or recurring							
nal or sporadic business usage will not pass the test.							