

Business Tax Organizer

Jan-Dec 2012

Income:

Sales	_____
Commissions	_____
Fees	_____
Interest	_____
Dividends	_____
Other Income	_____
Less: Returns and Allowances (enter as a negative amount)	_____
Total Income	_____

Cost if Sales/Goods Sold:

Purchase Costs	_____
Cost of Labor	_____
Subcontractors	_____
Freight	_____
Other costs of sales/Goods Sold	_____
Total Cost of Goods Sold	_____

Gross Profit

Expenses:

Accounting	_____
Advertising	_____
Bank Charges	_____
Business Gifts	_____
Car & Truck Expense	_____
Charitable Contributions	_____
Computer Services & Supplies	_____
Continuing & Professional Education	_____
Credit and Collection Costs	_____
Delivery & Freight	_____
Discounts	_____
Dues and Subscriptions	_____
Employee Benefits (excluding Retirement plans)	
Shareholders (>2% owners)	
Medical Insurance	_____
other health insurance	_____
life insurance	_____
Disability Insurance	_____
Employees	_____
Total Employee Benefits	_____
Equipment Rental	_____
Insurance: (excluding employee benefits)	
General Liability	_____
Workers' Compensation	_____
Other Insurance	_____
Total Insurance	_____
Interest	_____
Janitorial & Cleaning	_____

Laundry		_____
Legal and Professional		_____
Licenses and Permits		_____
Meals and Entertainment		_____
For company Functions	_____	
For Other Business Purpose	_____	
Total Meals and Entertainment		_____
Office Rent		_____
Office Expense		_____
Other Compensation		
Independent Contractors	_____	
Commissions and Fees paid	_____	
Other Compensation related expense	_____	
Total other compensation		_____
Parking Fees and Tolls		_____
Payroll (employees only)		
Shareholders (>2% owners)	_____	
Officers	_____	
Other employees	_____	
Total Payroll		_____
Postage and Delivery		_____
Printing and Reproduction		_____
Purchases and Production Costs		_____
Repairs and Maintenance		_____
Retirement Plan Contrubutions (IRA)		_____
Security		_____
Supplies		_____
Taxes:		
State income/franchise taxes	_____	
Payroll Taxes	_____	
Property Taxes	_____	
Other Taxes	_____	
Total Taxes		_____
Telephone		_____
Tools		_____
Training		_____
Travel		_____
Uniforms		_____
Utilities		_____
Other Expenses:		

Total Other Expenses		_____
Total Expenses		_____
NET INCOME:		=====