



# Tax Organizer - Tax Year 2009- For Business Owners

Taxpayer Name:	Business Name*:
Employer Identification Number (EIN)	Business Address*:

Please complete as much information as possible. Fill in total annual amts for all items appropriate to your business. \*If you have more than one business please complete a separate form for each.

<b>REVENUE</b> <i>List your income or revenue for this business for 2008</i>			
Revenue Type		Amount	
		\$	
		\$	
		\$	
<b>BUSINESS EXPENSES</b> <i>List your expenses for this business for 2008</i>			
Item Name	Amount	Item Name	Amount
<b>Advertising</b>		<b>Internet</b>	
• Ads			
• Signs		<b>Computer -</b>	
• Cards		• Hardware	
• Brochures		• Software	
		• Repairs	
		• Accessories	
<b>Car &amp; Truck Expenses</b>			
		<b>Office Supplies</b>	
<b>Commissions &amp; Fees</b>		• Desk Supplies	
		• Office Machine(s)	
<b>Insurance</b>		• Postage	
		• File Cabinets	
		• Office Furniture	
<b>Legal &amp; Professional Services</b>		• Other	
<b>License/Dues/Trainings/ Seminars</b>		<b>Travel</b>	
		<b>Meals</b>	
<b>Commercial Utilities – Gas/Electric/Water</b>		<b>Entertainment</b>	
<b>Cell Phone / Telephone</b>			
		<b>Clothing</b>	
<b>Maintenance of Commercial Space</b>		• Dry Cleaning	
<b>Cleaning / Housekeeping of Commercial Space</b>		• Uniforms	
		• Clothing purchased only for business	
<b>Lease Payments</b>			

**Waiver Statement:** The above data describing details about my business is accurate, inclusive and complete to the best of my knowledge.

Taxpayer Signature:	Date:
---------------------	-------