

Business Organizer Partnership or Corporation

General Business Information

FEIN Number.	_____			
Business Name.	_____			
Doing Business As (DBA).	_____			
Legal Address.	_____			
	Street Address			
	City	St	Zip	
Mailing Address (if different).	_____			
	Street Address			
	City	St	Zip	
Telephone _____	Ext _____	Fax _____	Cell. _____	
Contact Person _____	Email _____			

Bank Information

Foreign Bank Accounts? Yes No

Bank Name	Year-End Business Bank Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____

PROVIDE YEAR-END BANK STATEMENT(S) TO VERIFY ENDING BALANCE AS OF 12/31

Income

Business Income Reported on 1099-MISC – Please Attach	
1099-MISC Name	Amount
_____	\$ _____
_____	\$ _____

Business Income Not Reported on 1099-MISC	
Income Service/Product	Amount
_____	\$ _____
_____	\$ _____
Total	\$ _____

Other Income	
	Amount
Sales Tax Received	\$ _____
Interest Income.	\$ _____
Returns, Allowances, and Customer Discounts.	\$ _____

Deductions

Employee/Officer Salaries & Wages: Attach Form(s) W2 and W3		Amount
Total Employee Wages.		\$ _____
Total Officer(s) Salaries.		\$ _____

Tax and License Expenses		Amount
State Franchise or income taxes		\$ _____
Local Property Taxes.		\$ _____
Tangible Property Tax.		\$ _____
Payroll Taxes Paid (W3)		\$ _____
FL Division of Corporation (UBR)		\$ _____
Sales Taxes Paid.		\$ _____
Federal Unemployment (940)		\$ _____
FL U.C. Fund.		\$ _____
Licenses/Permits.		\$ _____
Other Miscellaneous Taxes		\$ _____
_____		\$ _____
_____		\$ _____

Other Deductions		Amount
Accounting.		\$ _____
Advertising.		\$ _____
Amortization.		\$ _____
Automobile and Truck Expenses (See Page 4 (below) for Mileage)		
Fuel.		\$ _____
Auto Repair and Maintenance.		\$ _____
Auto Insurance.		\$ _____
Auto Lease.		\$ _____
Bad Debt.		\$ _____
Bank Charges.		\$ _____
Cleaning.		\$ _____
Commissions.		\$ _____
Computer Services and Supplies		
Internet.		\$ _____
Computer Repair/Maintenance.		\$ _____
Web Hosting.		\$ _____
Website/Domain.		\$ _____
Credit and Collection Costs.		\$ _____
Postage and Delivery		\$ _____
Discounts.		\$ _____
Dues and Subscriptions		

Periodicals, Newspaper, Magazines, etc.	\$ _____
Association Dues.	\$ _____
Professional/Organization Renewals.	\$ _____
Software Renewal/Upgrades.	\$ _____
Equipment Rent.	\$ _____
Gifts.	\$ _____
Insurance.	
Medical Insurance for Officer(s).	\$ _____
Medical Insurance for Employees	\$ _____
Disability Insurance.	\$ _____
Liability Insurance.	\$ _____
Janitorial Expenses.	\$ _____
Laundry and Cleaning.	\$ _____
Meals and Entertainment.	\$ _____
Miscellaneous Expenses.	\$ _____
Office Expense.	\$ _____
Outside Services.	\$ _____
Parking and Tolls.	\$ _____
Printing and Reproduction.	\$ _____
Security.	\$ _____
Supplies.	\$ _____
Legal and Professional Fees	
Attorney Fees.	\$ _____
Legal Fees.	\$ _____
Professional Fees (engineering, appraisals, etc)	\$ _____
Telecommunication	
Telephone.	\$ _____
Cell phone.	\$ _____
Fax.	\$ _____
Small Tools.	\$ _____
Continuing Education	
Training.	\$ _____
Reference Materials.	\$ _____
Professional Development.	\$ _____
Seminars.	\$ _____
Travel Expenses	
Airfare.	\$ _____
Lodging.	\$ _____
Car Rental.	\$ _____
Cab Fare.	\$ _____
Tips.	\$ _____
Miscellaneous Travel Expenses.	\$ _____
Uniforms.	\$ _____
Utilities.	\$ _____
Charitable Donations Paid through the Company.	\$ _____
Rent	
Storage Rent.	\$ _____
Home Office (Attach Home Office Form)	\$ _____

Office Rent.	\$ _____
Repairs and Maintenance	
Equipment.	\$ _____
Building.	\$ _____
Other Expenses (specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Vehicle Mileage		Amount
Business Miles driven between January 1 thru June 30		_____
Business Miles driven between July 1 thru December 31		_____
PROVIDE COPY OF MILEAGE LOG		

Cost of Goods Sold

Subcontracted Labor – Attach Form(s) 1096 and Employer 1099-MISC		
Subcontractors Name or Business Name	Social Security or FEIN	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Purchases and Other Costs		Amount
Description		
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

Inventory		Amount
Inventory at the beginning of year (if different from last year's closing inventory, attach explanation).		\$ _____
Inventory at the end of year.		\$ _____

