

2015 Tax Organizer and Questionnaire for *Business Income and Expenses*

The following information is required to prepare your Business Income/Schedule C return. The information can be filled out and submitted to us with any requested documents attached. Upon receipt we will review the information and contact you with any questions.

If we did not prepare your previous tax return, please provide copies of the last three (3) years' tax returns including **depreciation schedules**.

Ownership of the business: **T** = taxpayer; **S** = spouse; **J** = joint

Please, list the Business Name and describe the type of business activity:

Business Address (if other than your home address): _____

Federal employer identification number (if applicable): _____

Y N Did you make any payments in 2015 that would require you to file Form(s) 1099?

Y N Did you file the 1099s with the IRS? If so, **please provide copies**.

Gross Income, Receipts or Sales (cash/check, 1099, 1099K) _____

Expenses for:

Advertising _____	Rent or Lease: _____
Commissions and fees _____	Vehicle, machinery, equipment _____
Contract labor _____	Other business property _____
Employee health benefits _____	Repairs and maintenance _____
Insurance (other than health) _____	Supplies (not listed below) _____
Interest: Mortgage _____	Taxes and Licenses _____
Interest: Other _____	Travel _____
Legal and Professional Services _____	Meals and Entertainment _____
Office Expenses _____	Utilities _____
Pension and profit-sharing plans _____	Wages (less employment credits) _____

Other expenses (describe) _____

If you maintain an inventory please, complete the following:

Method: Cost	Lower of cost of market	Other (attach explanation)
Inventory at beginning of year	_____	_____
Purchases less cost of items withdrawn for personal use	_____	_____
Cost of labor (do not include amounts paid to yourself)	_____	_____
Materials and supplies	_____	_____
Other costs (describe) _____	_____	_____
Inventory at end of year	_____	_____

Continued on reverse side

Y N Do you have any vehicle expenses related to this business?

If 'yes' please provide the following for each vehicle:

Year/Make/Model of vehicle _____ Date placed in Service _____
Business Miles driven in 2015 _____ Cost of Vehicle _____
Total Miles driven in 2015 _____ Parking fees/Toll fees _____

If claiming **actual** expenses vs. **standard** mileage please provide: Cost of Repairs _____;
Gas and oil expenses _____; Auto insurance _____; and Auto loan interest _____.

Y N Do you have written evidence to support your deduction?

Y N Did you purchase any depreciable assets for the business?

If yes, provide the following information:

Description of Asset	Cost	Date	New/Used/Converted

Y N Were any assets sold or disposed of during 2015?

If so please provide the following information:

Description of Asset	Date Acquired	Date Sold	Sale Price	Cost or Basis

Y N Did you have any **major** repairs, upgrades, or improvements not listed on page one?

If yes, provide the following information:

Description of Repair/Improvement	Cost	Date

If there are any expenses you incurred which are not listed above please, provide that information:

Print Name

Signature

Date