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BUSINESS TAX ORGANIZER

Business Tax Year _____

BUSINESS INFORMATION

General Information

How is your business taxed?

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Single Member LLC
<input type="checkbox"/> Multi Member LLC
<input type="checkbox"/> Limited Partnership | <input type="checkbox"/> General Partnership
<input type="checkbox"/> S Corporation
<input type="checkbox"/> C Corporation
<input type="checkbox"/> Other _____ |
|---|--|

Business Name: _____

EIN: _____ - _____ Date Business was formed: _____

S Corp Election Date (please provide S-Corp Acceptance Letter from IRS) _____

Address: _____

Phone Number: _____ Email: _____

Primary Business Activity: _____

What other states is this business registered in? _____

Did your business file a tax return for _____? Yes _____ No _____
 (If YES, we need a copy of _____ tax return)

Is this a Final Tax Return? Yes _____ No _____
 (If this is your final return, date of dissolution: _____)

Business Contact Person Information

Name of Business Officer: _____

Business Officer Contact number: _____

Business Officer email address: _____

List each Shareholder/Partner/Member/Owner

Name	Social Security #	Ownership %	Full Address (Street, State, Zip Code)

NOTES:

BUSINESS INCOME

WHAT TO BRING (Or mail, fax, email)

- **Statement of Income and Expenses**
(Profit and Loss Statement)
- **Payroll Reports**
(W3/W2, 941, etc..)
- **1099's**
- Anything marked "Important Tax Document"
- Capital Contribution and draw amounts by owners/members/shareholders/partners
- Prior Year Tax Return

Quarterly Estimate Payments:

	Date Paid	Federal	State	City
1 st Quarter:	_____	_____	_____	_____
2 nd Quarter:	_____	_____	_____	_____
3 rd Quarter:	_____	_____	_____	_____
4 th Quarter:	_____	_____	_____	_____

BUSINESS EXPENSES WORKSHEET

Income:

Total income from business \$ _____
 Ending Inventory: \$ _____

Expenses: Total receipts for the year, for each item

Cost of goods sold/purchases \$ _____
 Contractors \$ _____
 Wage (paid to employees) \$ _____
 Advertising (brochures, ads, business cards, flyers, signs) \$ _____
 Meals & Travel (related to business meetings) \$ _____
 Meals (meal related to business meeting) \$ _____
 Insurance (business insurance) \$ _____
 Health Insurance (self-employed) \$ _____
 Professional/Legal Fees (lawyer, taxes, consultants) \$ _____
 Rent (office rent, storage rent) \$ _____
 Office Supplies (pens paper etc..) \$ _____
 Repairs/Maintenance \$ _____
 Travel Expenses (tolls, parking fees) \$ _____
 Utilities (gas, electricity, business related) \$ _____
 Telephone \$ _____
 Cell Phone \$ _____

Subscriptions		\$ _____
Seminars/Training/Education		\$ _____
Uniforms/Cleaning		\$ _____
Tax and License (fees paid – business related)		\$ _____
Internet		\$ _____
Credit Card Processing Fee		\$ _____
Other Deductions		
Item _____		\$ _____
Item _____		\$ _____
Item _____		\$ _____
Item _____		\$ _____
Total Business Miles		
1 st Vehicle	_____ miles	
2 nd Vehicle	_____ miles	

NOTES

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Declaration:
I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our tax returns.

Signature

Date