

## Profit or Loss from Business Tax Organizer

Name of business owner: \_\_\_\_\_

### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2022.

This business was disposed of during 2022.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you or will you file Forms 1099-NEC for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

### Income

	2022	2022
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

### Expenses

	2022	2022
Advertising . . . . .	_____	Repairs & maintenance . . . . . _____
Car & truck expenses <b>see next page...</b>	_____	Supplies not included in COGS.. _____
Commissions & fees . . . . .	_____	Taxes & licenses . . . . . _____
Contract labor . . . . .	_____	Travel out of town overnight.. _____
Depletion . . . . .	_____	Total meals . . . . . _____
Employee benefit programs . . . . .	_____	Utilities not included in OIH... _____
Insurance (other than health) . . . . .	_____	Wages . . . . . _____
Interest - mortgage . . . . .	_____	Family health insurance coverage payments for taxpayer, spouse or dependents . . . . . _____
Interest - other . . . . .	_____	Other expenses (list) . . . . . _____
Legal & professional services . . . . .	_____	_____
Office expenses . . . . .	_____	_____
Pension & profit sharing plans . . . . .	_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____
Rent (other business property) . . . . .	_____	_____

### Cost of Goods Sold

	2022	2022
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . . _____
Purchases . . . . .	_____	Other costs . . . . . _____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . . _____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.

## Business Vehicle & Office in Home Worksheet

Business Name: \_\_\_\_\_

**Auto Expense** If more than one vehicle used for business please use separate worksheet for EACH vehicle.

Vehicle Year /Make/Model \_\_\_\_\_

Date vehicle was placed in service \_\_\_\_\_

Yes No  
  Was vehicle available for use during off-duty hours?  
  Was another vehicle available for personal use?

Yes No  
  Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

**Mileage**

Total Number of miles vehicle driven during 2022 . . . . . \_\_\_\_\_

Business 01/01/22 to 06/30/22 . . . . . \_\_\_\_\_

Business 07/01/22 to 12/31/22 . . . . . \_\_\_\_\_

Other / Commuting / Personal . . . . . \_\_\_\_\_

**Expenses**

Garage rent . . . . . _____	Towing & Repairs . . . . . _____
Gas . . . . . _____	Tires . . . . . _____
Insurance . . . . . _____	Tolls . . . . . _____
Licenses / Tags . . . . . _____	Car Washes . . . . . _____
Gas / Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Lease fees . . . . . _____	_____
Finance Charges / Interest . . . . . _____	_____
Property tax . . . . . _____	_____

**Business Use of Home Office or Storage of Inventory or Business Equipment**

YES \_\_\_ NO \_\_\_ Do you own your home?

Total square footage of home space used regularly and exclusively for business \_\_\_\_\_

Total square footage of entire home? \_\_\_\_\_

For daycare facilities, complete the following questions:

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Direct Office expenses	Indirect Home expenses
Mortgage interest . . . . . _____	_____	_____
Real estate taxes . . . . . _____	_____	_____
Insurance . . . . . _____	_____	_____
Rent . . . . . _____	_____	_____
Repairs & maintenance . . . . . _____	_____	_____
Utilities . . . . . _____	_____	_____
Security . . . . . _____	_____	_____
Homeowner Assn Fees . . . . . _____	_____	_____
Other . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.