

## 2023 Business Organizer

Total all annual income and annual expenses into the categories below. Please do not bring bank statements or receipts unless you have questions.

Business Name:	EIN:					
Total Business Income: \$ (Include all 1099's, cash, checks,	Please provide us tax documents (if received): ■ 1099-K ■ 1099-MISC					
	■ 1099-NEC					
Expenses:						
Meals: \$	Meals: \$ Requirements: The business owner or employee is present. The cost of meal or beverages isn't "lavish or extravagant." The meal is with a business contact (such as a customer, employee, vendor, or consultant). The mean "ordinary and necessary" business purpose.					
Cell Phone: \$	Typically I take 50% of my cell phone as a deduction for business use, only my cell phone, not for the entire family. You can take 100% if you have an exclusive cell phone you use exclusively for business.					
Auto Expenses: \$	You either get actual expenses or the mileage rate, not both.  If you choose actual expenses, they must be pro-rated based on how much you've driven the vehicle for personal vs. business use.  Typically, the mileage expense is better. Either way you should track ALL personal and business miles for the entire year.					
Business Miles Driven (1/1/2	023 – 12/31/2023): @ 65.5 Cents per Mile					
EXCEPTION: You can deduct	from one job to another, <b>NOT</b> to and from your home. mileage to and from your home if you have a home office, which is ed part of your home as your primary place of business					
Home Office Deduction:	Office Square Footage:					

Do you need us to issue any 1099's to contractors in which you paid over \$600 or more to for help in your business?  Yes No										
Expense Categories:				Ехре	Expense Categories:					
Advertising: \$			Rent	Rent/Lease Equipment:				_		
CE Classes / Training: \$		\$		Repa	Repairs and Maint.:			\$		
Commission & Fees:		\$		Soft	Software:			\$		
Contract Labor:		\$		Supp	Supplies:			\$		
Equipment Purchase:		\$		Taxe	Taxes and Licenses:			\$		
Health Insurance: \$		\$		Utili	Utilities:		\$			
Insurance: \$_		\$		Wages Paid:			\$			
Interest: \$		\$	<del></del>	Oth	Other Expenses:					
Legal and Professional: \$		\$	<del></del>		: \$:					
Office Expenses:		\$			:			\$		
Postage:		\$			:			\$		
Estimat	ed Tax Payments	s:								
QTR	Due Date		Federal Paid	Date	e Paid	State Pa	id	Date	e Paid	
1	April 18, 2023		\$		/23	\$			/23	
2	June 15, 2023		\$		/23	\$			/23	
3	September 15, 2023		\$		/23	\$			/23	
4	4 January 16, 2024		\$	/	/24	\$		/	/24	
Questio	ns / Comments:									