

2024 Business Income/Expense Organizer for Sole Proprietors or Single Member LLCs

If you already have all your business income & expenses listed on a sheet of paper or a report, you do not need to complete this form.

Taxpayer Name:	Business Name:			
Federal ID Number:	Type of Service/Product:			
Total Business Income received in				
Total Business income should includ	e all cash, check and credit card receipts			
If you received any Form 1099s, plo The 1099 amounts should be include	ease submit them with your tax documentation. ed in your Total Business Income			
Cost of Inventory Purchased:	Year-End Inventory (cost):			
Does your business collect Sales Ta If so, does the total business incorcustomers/clients? Yes \square No \square	ax? Yes \square No \square me listed above include the Sales Tax collected from			
Did you make any payments that w If yes, please submit copies with your	vould require you to file 1099s? Yes \square No \square tax documentation			
If you have a home office, please co	omplete the Home Office Organizer			
Vehicle: A log of business miles drive	en must be kept, unless your vehicle is 100% business			
Vehicle Year/Make/Model:				
Business Miles Driven:				
Total Miles Driven:				
Actual Expenses: do not list actual	expenses if you use the standard mileage rate			
Gasoline/Fuel				
Licenses/Registration				
Insurance				
Repairs				
Maintenance				
Interest Paid on Auto Loan				

Expense Type	Amount	Expense Type	Amount
Advertising		Office Supplies	
Bank Charges		Parking & Tolls	
Business Licenses & Fees		Postage & Delivery	
Commissions		Rent	
Credit Card Processing Fees		Repairs & Maintenance	
Subcontract Labor		Small Tools	
Employee Benefits		Supplies	
Employee Health Insurance		Taxes - Payroll	
Insurance		Taxes - Property	
Interest		Taxes - Sales	
Internet		Telephone	
Legal & Professional Fees		Travel	
Business Meals (list total)		Utilities	
Business Miles*		Wages	

Equipment/Furniture Purchased:

Type	Amount	Type	Amount