



SIMONIC, SIMONIC, RATNECHT & ASSOCIATES, INC.
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BUSINESS ORGANIZER

This business organizer will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Partners: Sean M. Simonic Nicholas T. Simonic Joanne F. Ratnecht

TAX YEAR ENDED 2017

BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

Entity Name:

Shareholder(s) (Members)	Title	Social Security Number	Percentage of Ownership

Company Info:

Same address as last year: Yes No (If no, complete spaces below)

Address _____ Suite # _____

City _____ State _____ Zip _____

Federal ID Number (EIN) _____ State of Incorporation _____

Date Of Organization _____ Check one: 1120 _____; 1120S _____; 1065 _____; Schedule C _____

Office # _____ Cell # _____

Contact Name _____ Fax #(s) _____

E-mail Address _____ E-mail Address _____

TRAVEL AND ENTERTAINMENT

Local Entertainment Expenses

Description	Amount
Meals	\$ _____
Entertainment (Other)	\$ _____
People entertained at home: Actual Expenses	\$ _____
Number of people for the year _____ X total number of meals _____ x \$5.00 (per meal) =	\$ _____

(Or keep grocery receipts for these meals.)

Travel Away from Home Overnight (if more than four hours one way):

Auto rental/taxi, etc.	\$ _____	Number of days away from home overnight	_____
Fares (air, train, bus)	\$ _____	Telephone, postage	\$ _____
Laundry & Cleaning	\$ _____	Parking and tolls	\$ _____
Lodging	\$ _____	Travel meals	\$ _____
Other (explain)	\$ _____		

Auto Expenses

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use _____

Auto Information

	Auto #1	Auto #2
Year/make	_____	_____
Purchase price (If purchased in 2017, include copy of invoice)	\$ _____	\$ _____
Date of purchase	_____	_____
Odometer at purchase	_____	_____
Total miles for year **	_____	_____
Business miles	_____	_____
Commuting miles	_____	_____
Auto lease (if 1st year, enclose copy of lease)	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Garage rent	\$ _____	\$ _____
Gas, oil and lube	\$ _____	\$ _____
Insurance and auto club	\$ _____	\$ _____
Repairs, tires and batteries	\$ _____	\$ _____
Tolls and parking **	\$ _____	\$ _____
Washing and polishing	\$ _____	\$ _____
Interest on auto loan (do not include elsewhere) **	\$ _____	\$ _____

CHANGES IN ASSETS AND LIABILITIES

(ASSETS)

New Equipment Purchased:

Description	Purchase Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____

Equipment Sold:

	Sale Date	
_____	_____	\$ _____
_____	_____	\$ _____

Year end cash balance in business bank accounts - provide bank statement and reconciliation

\$ _____

(LIABILITIES)

Notes and Loans Payable

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Credit Card Balances

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

INCOME AND EXPENSES

You May Provide Your Accounting Files In Lieu Of Completing This Portion Of The Checklist

Revenue

Business Income:

Total service revenue	\$ _____
Product sales (total amount collected)	\$ _____
Other income (explain)	\$ _____

Cost of Sales

Cost of products purchased for resale	\$ _____
Direct labor cost	\$ _____
Other direct costs (give breakdown)	\$ _____

Operating Expenses

Advertising	\$ _____	Office expenses	\$ _____
Bank charges	\$ _____	Payroll	\$ _____
Business internet	\$ _____	Payroll taxes (Note 2)	\$ _____
Business phone (Note 1)	\$ _____	Postage and shipping	\$ _____
Cellular phone	\$ _____	Printing	\$ _____
Casual labor	\$ _____	Rent - business	\$ _____
Commissions paid	\$ _____	Repairs and maintenance	\$ _____
Convention fees/seminars	\$ _____	Samples (non- marketing)	\$ _____
Direct client cost (gifts)	\$ _____	Subcontractor	\$ _____
Dues and subscriptions	\$ _____	Supplies	\$ _____
Equipment maintenance	\$ _____	Taxes, sales and other	\$ _____
Equipment leases	\$ _____	Teaching materials	\$ _____
Travel	\$ _____	Other (list)	\$ _____
Insurance:			\$ _____
Business	\$ _____		\$ _____
Employee group ins.	\$ _____		\$ _____
Fire	\$ _____		\$ _____
Liability	\$ _____		\$ _____
Owner health	\$ _____		\$ _____
Workers compensation	\$ _____		\$ _____
Other business insurance	\$ _____		\$ _____
Legal and accounting fees	\$ _____	MARKETING CLIENTS ONLY(Products)	
Licenses and permits	\$ _____	Products, total purchased	\$ _____
		Products, personal use (Note 3)	\$ _____
		Products, promotional	\$ _____
		Products, sample	\$ _____

NOTES:

1. Do you have a separate phone line for business? Yes _____ No _____
(If no, please provide your basic monthly phone charge.) \$ _____
2. Enclose copies of Federal Forms 940, 941, W3 and State Unemployment Compensation forms \$ _____
3. Ending Inventory, if applicable \$ _____
4. Ending Accounts Receivable, if applicable \$ _____
5. Ending Bank Balance & Copy of Bank Statement \$ _____

Note: Products for personal use, promotional, resale, and samples should equal total products purchased.

Name: _____

Tax Year: 2017

PLEASE COMPLETE

I have adequate records or sufficient written evidence to justify these deductions. YES _____ NO _____

I have provided all income received from all sources for the current year. YES _____ NO _____

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Note that having substantiation for Travel, Meals and Entertainment is critical.

Signed _____

Date _____