



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 2021

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 2021, 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) ** | \$ _____ | \$ _____ |

NOTE: Complete this whether claiming mileage or actual expenses.

Name: _____

Tax Year: 2021

CHANGES IN ASSETS AND LIABILITIES

(ASSETS)

New Equipment Purchased:

| Description | Purchase Date | Amount |
|-------------|---------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Equipment Sold:

| Description | Sale Date | Amount |
|-------------|-----------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

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 | \$ _____ | | \$ _____ |
| Licenses and permits | \$ _____ | | \$ _____ |
| | | MARKETING CLIENTS ONLY(Products) | |
| | | Products, total purchased | \$ _____ |
| | | Products, personal use (Note 3) | \$ _____ |
| | | Products, promotional | \$ _____ |
| | | Products, sample | \$ _____ |

NOTES:

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

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

Name: _____

Tax Year: 2021

PLEASE COMPLETE

Have you received SBA Paycheck Protection Program Loans? If so, please list the details below including:

PPP Amount: _____

PPP Date received: _____

Forgiveness Applied (Y/N) _____ Forgiveness Date _____

Have you received SBA EIDL Loans and/or Advances? If so, please list the details below including:

EIDL Amount: _____

EIDL Date received: _____

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.

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 _____

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

Signed _____

Date _____