



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 2022

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: 2022

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.