



**BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING**

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

BUSINESS TAX ORGANIZER FOR TAX YEAR _____

Your Name		S.S. # - -	
Business Legal Name		Tax ID -	
Business DBA			
Business Mailing Address	Business Phone Number () -	Cell Phone Number () -	
		E-mail Address	

BUSINESS TYPE – Please also provide a copy of your Certification of Formation or Organizational Document.

NAME	Select
Sole Proprietorship – A sole proprietor is someone who owns an unincorporated business by himself or herself.	
Partnership - A partnership is the relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.	
S Corporation - S corporations are corporations that elect to pass corporate income, losses, deductions, and credits through to their shareholders for federal tax purposes. An election to be treated as an S Corp has been filed with the IRS.	
C Corporation - a C corporation is recognized as a separate taxpaying entity. A corporation conducts business, realizes net income or loss, pays taxes and distributes profits to shareholders.	
Non Profit Corporation – religious, charitable, educational and other organizations organized under IRC 501(c)	
LLC – An LLC is a state designation and for federal tax purposes you must also select one of the above designations.	

BUSINESS OWNERS – For Partnerships, S Corporations and C Corporations complete the following. For non-profits provide names of board of directors. Social Security #'s are not required for board of director members.

NAME	Address	S.S. #	OWNERSHIP PCT.



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1. Describe the business' main activity _____

2. Attach bank statements for each month of the tax year.

	Yes	No
3. Accounting Method? Accrual [] Cash []		
4. Did you make payments that would require you to issue Form 1099? If so, did you fill or will you file all required Form(s) 1099	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have documentation such as cancelled checks and vendor receipts that you can present, if asked to support business expenses claimed?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you have inventory, how did you arrive at your year-end inventory value? _____		

Attach financial statements (profit and loss and balance sheet) or complete the following table

HOW MUCH IS YOUR GROSS BUSINESS INCOME? \$ _____ (Attach all 1099-Misc Forms received)

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Bad Debts	\$ _____	Utilities & Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	(other)	\$ _____
Repairs	\$ _____	(other)	\$ _____
Supplies	\$ _____	(other)	\$ _____



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BUSINESS VEHICLES – Complete the following table for each vehicle used for business purposes.

Make and Model of Vehicle	Date Placed in Service	Beginning Mileage	Ending Mileage	Business Miles

FIXED ASSETS – Complete the following table for assets purchased during the tax year. Provide a copy of the prior year’s depreciation schedule or if not available add assets purchased in prior years to the following table.

Asset Name	Date Placed in Service	Cost	Prior Depreciation	Pct Business Use



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PLEASE ATTACH A COPY OF YOUR PRIOR TWO YEARS OF TAX RETURNS

DECLARATION :

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. I acknowledge having the supporting documentation necessary to fully substantiate all deductions listed.

SIGNATURE (must be signed)

DATE