

2019 CORPORATE TAX ORGANIZER FOR

(Company Name) _____

TOTAL INCOME

\$ _____

EXPENSES

ADVERTISING \$ _____

AUTOMOBILE & TRUCK *See listing on page 3

BUSINESS LICENSES / FEES _____

BANK SERVICE CHARGES _____

CONTRACT LABOR *See listing on page 6

CONTRIBUTIONS _____

CREDIT CARD FEES _____

DUES AND SUBSCRIPTIONS _____

EMPLOYEE EVENTS _____

INSURANCE _____

LIABILITY INSURANCE _____

OWNER HEALTH INSURANCE _____

EMPLOYEE HEALTH INSURANCE _____

OWNER LIFE AND DISABILITY _____

OTHER INSURANCE _____

INTEREST _____

LEGAL AND PROFESSIONAL _____

MEALS AND ENTERTAINMENT _____

MISCELLANEOUS EXPENSE _____

OFFICE EXPENSE _____

2019 CORPORATE TAX ORGANIZER FOR

(Company Name) _____

PARKING AND TOLLS _____

PAYROLL *See listing on page 4

PENSION CONTRIBUTIONS _____

POSTAGE AND DELIVERY _____

PROFESSIONAL DEVELOPMENT _____

RENTS _____

REPAIRS AND MAINTENANCE _____

SUPPLIES _____

TAXES _____

 PAYROLL *See listing on page 4

 PROPERTY _____

 OTHER _____

TELEPHONE / COMMUNICATIONS _____

TOOLS _____

TRAVEL _____

UTILITIES _____

TOTAL EXPENSES \$ _____

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(Company Name) _____

AUTO EXPENSE: MILEAGE

(mileage must be completed regardless of which method is used)

1. _____ (make and year of auto)

BUSINESS MILES DRIVEN _____

COMMUTING MILES DRIVEN _____

PERSONAL MILES DRIVEN _____

2. _____ (make and year of auto)

BUSINESS MILES DRIVEN _____

COMMUTING MILES DRIVEN _____

PERSONAL MILES DRIVEN _____

3. _____ (make and year of auto)

BUSINESS MILES DRIVEN _____

COMMUTING MILES DRIVEN _____

PERSONAL MILES DRIVEN _____

AUTO EXPENSE: ACTUAL EXPENSES

GASOLINE EXPENSE \$ _____

AUTOMOBILE INSURANCE \$ _____

AUTOMOBILE REPAIRS \$ _____

AUTOMOBILE CLEANING, MISC. \$ _____

AUTOMOBILE INTEREST \$ _____

(note: automobile payments are not deductible)

AUTOMOBILE LICENSE \$ _____

LEASE PAYMENTS \$ _____

2019 CORPORATE TAX ORGANIZER FOR

(Company Name) _____

BEGINNING INVENTORY \$ _____

INVENTORY PURCHASES \$ _____

COST OF GOODS LABOR \$ _____

OTHER COST OF GOODS COSTS \$ _____

TOTAL \$ _____

ENDING INVENTORY \$ _____

PAYROLL CHECKLIST- FORMS WE NEED

(disregard if we process your payroll) check that each is attached

W -3 AND W-2s _____

941 FOR EACH QUARTER _____

UNEMPLOYMENT REPORTS EACH QUARTER _____

FORM 940 (FEDERAL UNEMPLOYMENT) _____

CORPORATE BANK ACCOUNT BALANCES AS OF 12/31/2019

ACCOUNT NAME	ENDING BALANCE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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NEW ASSETS PURCHASED IN 2018

DESCRIPTION OF ASSET	COST	DATE PURCHASED
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19
_____	\$ _____	____/____/19

LIABILITIES OF THE COMPANY AS OF 12/31/19

PLEASE LIST EACH ITEM OF COMPANY DEBT	12/31 BALANCE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

NAME OF YOUR COMPANY _____ DATE _____

If you need **1099's** for Independent Contractors, complete as many copies of this form as you need and fax back to us at (727) 466-9549 or return via email. Please provide complete information, even if you employed them in the past as the IRS requires you update it annually

NAME: _____ SSN: ____ - ____ - _____ AMOUNT PAID: \$ _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME: _____ SSN: ____ - ____ - _____ AMOUNT PAID: \$ _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME: _____ SSN: ____ - ____ - _____ AMOUNT PAID: \$ _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME: _____ SSN: ____ - ____ - _____ AMOUNT PAID: \$ _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME: _____ SSN: ____ - ____ - _____ AMOUNT PAID: \$ _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____