

# 2009 BUSINESS ORGANIZER

**CORPORATION, PARTNERSHIP, OR SCHEDULE C FILER**



## GENERAL INFORMATION

Name of Entity \_\_\_\_\_ EIN # \_\_\_\_\_ - \_\_\_\_\_  
 Your Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address (If Changed) \_\_\_\_\_ E-mail \_\_\_\_\_

## END OF YEAR CASH BALANCE

Savings \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_

**LIABILITIES:** Corporate Credit Card Balance \$ \_\_\_\_\_  
 Loans - List \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Checks/Deposits Outstanding at Year End

## INCOME

\$ \_\_\_\_\_ Gross Receipts/Sales (REALTORS, proof of commission income required (e.g.1099))

\$ \_\_\_\_\_ Dividends - Attach 1099's  
 \$ \_\_\_\_\_ Interest - Attach 1099's  
 \$ \_\_\_\_\_ Other (Detail)

## COST OF GOODS SOLD

\$ \_\_\_\_\_ Beginning Inventory \$ \_\_\_\_\_ Other Costs  
 \$ \_\_\_\_\_ Purchases \$ \_\_\_\_\_ Ending Inventory  
 \$ \_\_\_\_\_ Cost of Labor  
 \$ \_\_\_\_\_ Material

SCHEDULE OF RENT PAYMENTS		
(Paid to yourself from Corporation)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CORPORATION ESTIMATED PAYMENTS (Not Payroll Tax Pymts)			
Federal	Date Paid	State	Date Paid
\$ _____	____/____/____	\$ _____	____/____/____
\$ _____	____/____/____	\$ _____	____/____/____
\$ _____	____/____/____	\$ _____	____/____/____
\$ _____	____/____/____	\$ _____	____/____/____
\$ _____	____/____/____	\$ _____	____/____/____

## DEDUCTIONS -If QB's or Quicken used - no need to complete / Equip. Purchases Separated -See Back

\$ _____ Officer Salary (NON-ADP CLIENTS ATTACH PAYROLL WAGE REPORTS)	\$ _____ Legal & Professional (Attorney, accounting and tax work)
\$ _____ Wages (Not to self)	\$ _____ Office Exp-Stationary, Bus. cards
\$ _____ Repairs/Maintenance on equipment/real estate	\$ _____ Promotions
\$ _____ Office Rent to Self	\$ _____ Cell phone, telephone, Internet Services
\$ _____ Other Rents	\$ _____ Travel (Airline tickets, lodging, and car rental)
\$ _____ Licenses, Fees Certification	\$ _____ Utilities (% of electric, garbage, etc.)
\$ _____ Payroll Taxes-Soc. Sec., Medicare, UC Tax	\$ _____ Meals and Entertainment-ONLY
\$ _____ Interest Paid	\$ _____ Disability Insurance
\$ _____ Advertising/Marketing	\$ _____ Health Insurance
\$ _____ Retirement Contribution <b>Provide YE summary</b>	\$ _____ Life Insurance (Term \$50,000)
\$ _____ Auto Expenses-See Back	\$ _____ Medical Expenses (C-Corp)
\$ _____ Bank Charges	\$ _____ Other (Explain)
\$ _____ Client Costs	\$ _____
\$ _____ Dues & Subscriptions	\$ _____
\$ _____ General Insurance (Business liability, Workman's Comp)	\$ _____

