elm 3 FINANCIAL GROUP

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GENERAL BUSINESS YEARLY TAX ORGANIZER

Type of Business:	Business Name:		
Business Address:	City:	St:	Zip:
Owner Name(s):	Business Phone #:		
	Business Start Date:		

INCOME

Income/Commissions (please provide 1099's)	$

EXPENSES

Professional Expenses		Advertising Expenses	
License Renewal Fee	$ -	Signs, Riders & Installation	$ -
Continuing Education	$ -	Newspaper & Magazine	$ -
Other Professional Memberships	$ -	TV/Cable/Radio	$ -
Subscriptions & Books	$ -	Internet/Website	$ -
Insurance - E & O (not health)	$ -	Yellow Pages & Directories	$ -
Legal & Professional Services	$ -	Outdoor: Billboard, Benches, etc..	$ -
Tax Preparation Fees	$ -	Photography/Film & Processing	$ -
Business Taxes	$ -	Promotional Items (calendars, etc.)	$ -
Permits & Fees	$ -	Company-Insignia Clothing	$ -
		Direct Mail/Flyers	$ -
Office Expenses			
Postage/Overnight Delivery	$ -		
Rent - Office Equipment/Furniture	$ -	**Miscellaneous Expenses**	
Repairs & Maintenance	$ -	Bank Charges	$ -
Utilities (no deposits)	$ -	Interest paid on business debt	$ -
Telephone/Long Distance/Fax	$ -	Overnight Travel (airfare, lodgings)	$ -
Cellular Phone/Pager	$ -	Rent	$ -
Internet Access Service	$ -	Office Fees	$ -
Wages for office help	$ -	Laundry and Cleaning	$ -
Cleaning Supplies	$ -	Insurance (not auto)	$ -
Credit Card Fees	$ -	Security System/Locksmith/Keys	$ -
Credit Card Machine Rental	$ -	Medical- Employee Related	$ -
		Medical- Owner Related	$ -
Expenses For Clients			
Meals & Entertainment with/for Clients	$ -	**Office Supplies**	
Closing costs paid for clients	$ -	Pens, Pencils, etc..	$ -
Gifts to clients ($25 max per client)	$ -	Water, Coffee, Soft Drinks, etc..	$ -
Referral Fees Paid	$ -	Appointment Books, Calendars, etc.	$ -
Credit Checks & Processing Fees	$ -	Carrying Case for Supplies	$ -
		Equipment Purchased	$ -

OTHER EXPENSES

Other:		Other:	
			$ -
			$ -

VEHICLE EXPENSE

Year/Make/Model of Vehicle:		Date First Used For Business:	
Is this vehicle leased? **YES / NO**		If so, what is your monthly payment?	$
Total # of Miles Driven this year:	# of Business Miles:	# of Personal Miles:	
Do you have another Vehicle for Personal use? **YES / NO**			
Do you have written evidence to support this deduction? **YES / NO**			

HOME OFFICE DEDUCTION

Total Square Footage of Home:	Monthly Rent Amount $	Cleaning:	$
Square Footage of Space Used:	Utilities $	Storage/Parking	$
Purchase Price of Home: $	Condo/HOA Mgmt Fees $	Other	$
# of Months Used for Business:	Insurance: Homeowners $	Renters $	

NOTES