

2025 BUSINESS INCOME TAX ORGANIZER

• COMPLETED TAX RETURN DELIVERY:☐ Pickup ☐ Mail ☐ Portal**• TEXT NOTIFICATION OPTION:**☐ Check box if you would like to opt-in to text notifications

COMPANY NAME _____ dba _____

NEW CLIENTS ONLY – EXCEPTION: If existing client's information has changed since the last tax return was filed, please complete:

Address _____ EIN _____

City _____ State _____ Zip _____

-Existing Clients Only: Move Date: _____

PH _____ Email _____

*****NOW REQUIRED FOR ALL REFUNDS, paper checks will no longer be issued by the Federal Government.****Direct Deposit Information:** Name of Financial Institution _____Please Check One: ☐ Checking ☐ Savings Account # _____

Routing # _____

OWNERSHIP:

Owner Name _____ % of Ownership _____

Owner Name _____ % of Ownership _____

Owner Name _____ % of Ownership _____

ESTIMATE TAX PAYMENTS MADE: ☐ Yes ☐ No If yes, please complete the below information:

Period	FEDERAL	Date Paid	STATE	Date Paid	CITY	Date Paid
Q1	\$		\$		\$	
Q2	\$		\$		\$	
Q3	\$		\$		\$	
Q4	\$		\$		\$	

INCOME:☐ Gross Receipts / Sales: \$ _____☐ Other Income: \$ _____**EXPENSES (Attach Detail i.e. Profit & Loss Report/Balance Sheet/General Ledger):**☐ Advertising☐ Bank & Merchant Fees☐ Business Related Phone/Internet☐ Insurance☐ Legal & Professional Fees☐ Office Expenses☐ Rent☐ Repairs & Maintenance☐ Supplies☐ Utilities☐ Wages☐ Payroll Taxes☐ Other _____☐ Other _____**HOME OFFICE:** ☐ Yes ☐ No **Deductions for home office captured under "Expenses".**ASSETS & DEPRECIATION:**☐ Equipment Purchases: Date _____ Cost _____; Date _____ Cost _____☐ Vehicles Used for Business Purposes: Business Miles _____ Personal Miles _____ Total Miles _____☐ Section 179 / Bonus Depreciation Election Requested**ADDITIONAL ITEMS, if applicable :**☐ K-1s Issued or Received☐ Inventory Changes☐ Business Loans or Interest☐ Nexus or Multi-State Activity