

**BUSINESS ITEMIZER**

PLEASE COMPLETE THE QUESTIONNAIRE THOROUGHLY ANSWERING ALL QUESTIONS THAT APPLY TO YOU. THIS QUESTIONNAIRE IS INTENDED AS A PRE-APPOINTMENT ORGANIZER. FOR ADDITIONAL BLANK FORMS, VISIT [www.orourketax.com](http://www.orourketax.com)

TAXPAYER NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_  
PRINCIPAL BUSINESS, INCL. PRODUCT OR SERVICE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ EMPLOYER ID #(if applicable) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS ENTITY: C-CORPORATION \_\_\_\_\_ S-CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_  
SOLE PROPRIETOR \_\_\_\_\_ LLC \_\_\_\_\_

GROSS RECEIPTS OR SALES: \_\_\_\_\_ DOES AMOUNT INCLUDE SALES TAX? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YOU RECEIVED FORM 1099K, PLEASE BRING IT ALONG WITH YOUR TAX DOCUMENTS.

**COST OF GOODS SOLD:**

PRODUCT PURCHASED FOR RESALE \_\_\_\_\_  
MATERIALS PURCHASED TO MAKE PRODUCTS SOLD: \_\_\_\_\_  
MAINTAIN INVENTORY? Yes \_\_\_ No \_\_\_ PROVIDE: BEG. INVENTORY \_\_\_\_\_ END INVENTORY \_\_\_\_\_

**EXPENSES:** (Provide expense amounts for categories shown. Note separate sections for equipment purchases, vehicle expense, insurance, phone, travel, interest, and office in your home expense.)

ADVERTISING(incl yellow pages) _____	BANK CHARGES _____
OFFICE SUPPLIES _____	GENERAL SUPPLIES _____
LEGAL & CONSULTING FEES _____	OTHER FEES (Describe) _____
MERCHANT FEES(Cr Card) _____	POSTAGE & SHIPPING _____
SHOP OR OFFICE RENT _____	EQUIPMENT RENT _____
REPAIRS & MAINTENANCE _____	SMALL TOOLS _____
DUES & SUBSCRIPTIONS _____	PERMITS _____
PRINTING _____	UNIFORMS(Not work clothes) _____
SHOP OR OFFICE UTILITIES _____	SUBCONTRACTOR EXPENSE _____
SALES TAX _____	PERSONAL PROPERTY TAX _____
SHOP OR OFFICE REAL ESTATE _____	PENSION PLAN CONTRIBUTIONS _____
EMPLOYEE WAGES _____	EMPLOYMENT TAXES _____

IF WE DO NOT DO YOUR PAYROLL, PLEASE BRING YEAREND PAYROLL REPORTS (940, W3, )

OTHER EXPENSES(List description and amount):

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE EXPENSE:**

FIRE & CASUALTY _____	LIABILITY _____
CAR & TRUCK _____	HEALTH _____
LIFE _____	WORKERS COMP _____

OTHER(Describe): \_\_\_\_\_

**PHONE:**

SHOP OR OFFICE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ % BUSINESS USE \_\_\_\_\_  
HOME PHONE:(If you have only one phone, no deduction except for business long distance charges.) \_\_\_\_\_  
SEPARATE BUSINESS LINE CHARGE \_\_\_\_\_ BUSINESS LONG DISTANCE \_\_\_\_\_

**CAR AND TRUCK EXPENSE:**

**DID YOU USE MORE THAN ONE VEHICLE FOR BUSINESS? IF SO, WE WILL NEED INFORMATION BELOW FOR EACH VEHICLE.**

**DID YOU BUY A NEW CAR, TRUCK, OR MOTORCYCLE, FOR USE IN YOUR BUSINESS IN 2017? IF YES, HOW MUCH (including sales tax)? \_\_\_\_\_**

**WHAT IS THE DATE OF PURCHASE? \_\_\_\_\_ PLEASE BRING PURCHASE PAPERS ALONG.**

**2017 BUSINESS MILES: \_\_\_\_\_**

**(If you use the standard mileage rate, skip to the next section)**

**ACTUAL VEHICLE EXPENSES:**

**GAS \_\_\_\_\_ REPAIRS \_\_\_\_\_ INSURANCE \_\_\_\_\_ LEASE EXPENSE \_\_\_\_\_**

**IF NEW VEHICLE PURCHASE, PLEASE PROVIDE PAPERWORK FROM DEALER.**

**COST OF NEW VEHICLE \_\_\_\_\_ TRADE IN OLD VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_**

**TRAVEL EXPENSE: (Expenses are only allowed for overnight trips, except for client entertainment.)**

**HOTEL \_\_\_\_\_ AIRFARE \_\_\_\_\_ CAB \_\_\_\_\_ PARKING \_\_\_\_\_ TOLLS \_\_\_\_\_**

**CLIENT ENTERTAINMENT \_\_\_\_\_ MEALS(Away from Home) \_\_\_\_\_**

**IF YOU TRAVELED TO OTHER CITIES, PROVIDE LOCATION AND DAYS SPENT THERE.**

**INTEREST:**

**BANK LOANS \_\_\_\_\_ REAL ESTATE LOANS \_\_\_\_\_ BUSINESS VEHICLE \_\_\_\_\_**

**CREDIT CARD: (Deductible only for business % of card interest) TOTAL \_\_\_\_\_ BUS % \_\_\_\_\_**

**OFFICE IN HOME: (If you qualify, we will need the following information)**

**SQUARE FOOTAGE OF OFFICE/SHOP \_\_\_\_\_ TOTAL SQUARE FOOTAGE OF HOUSE \_\_\_\_\_**

**DAYCARE OPERATORS ONLY: # HOURS CHILDREN AT YOUR HOME DURING THE YR \_\_\_\_\_**

**SQUARE FOOTAGE OF AREA NEVER USED BY CHILDREN \_\_\_\_\_**

**MEALS SERVED: #BREAKFASTS \_\_\_\_\_ #LUNCHS \_\_\_\_\_ #DINNERS \_\_\_\_\_ #SNACKS \_\_\_\_\_**

**HOME EXPENSES:(Totals for the entire home)**

**MORTGAGE INTEREST \_\_\_\_\_ REAL ESTATE TAX \_\_\_\_\_ HOUSE INSURANCE \_\_\_\_\_**

**GAS & ELECTRIC \_\_\_\_\_ WATER \_\_\_\_\_ CABLE TV \_\_\_\_\_**

**HOME REPAIRS AND MAINTENANCE \_\_\_\_\_ APT/HOUSE RENT \_\_\_\_\_**

**ORIGINAL COST OF YOUR HOME PLUS IMPROVEMENTS \_\_\_\_\_ LAND VALUE \_\_\_\_\_**

**EQUIPMENT:**

**PROVIDE INFORMATION ON EACH PIECE OF EQUIPMENT PURCHASED:**

DESCRIPTION	AMOUNT	DATE	% BUSINESS USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EQUIPMENT SALES? (Provide same information below)**

_____	_____	_____	_____
_____	_____	_____	_____