



Nelson Company, P.C. Tax Organizer

Do NOT use estimates and please provide copies of forms
The IRS is more likely to audit if they see a round number (i.e. 0 or 5, seriously)

Name: _____

Business Activity: _____

Before you start entering numbers, please take 2 minutes to read through the entire organizer.

\$ Amount

Income: total received in calendar year (not billed)

Please provide all 1099's received in relation to this income, i.e. 1099-MISC, 1099-NEC, 1099-K, etc.

Advertising, Marketing & Business Development Costs

\$ Amount

These are costs to promote your business only, not to create a final product for a customer/client

Advertising and Publicity

Business Cards/Collateral/Brochures/Marketing Materials

Business Gifts given for marketing purposes

Photography

Networking Event Fees

Website Design

Signage

Identity Design Fees

Video production

Trade Show Costs

Coaching/Career Counseling

Education & Training

Continuing Professional Education

Website Maintenance/Hosting Fees

Main Business Activity

These are costs to create/develop/produce/design a final product for a customer/client

Beginning Inventory (retail only)

Returns and Personal Use (Retail Only)

Items Purchased for resale purposes (Retail Only)

Ending Inventory (Retail Only)

Supplies and Materials

Small Tools/Equipment (used in main activity)

Contract Labor

Copywriting

Printing

Production

Shipping/Freight

Video Editing

Equipment (if items individually cost over \$1,000 do not list here, but record on page 3)



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Running the Business

\$ Amount

Office Rent - if over \$600, did you already send a 1099 form? Mark Y or N	_____	_____
Bank Fees (Monthly Fees/Statement Fees/Wire Fees)		_____
Credit Card Processing Fees		_____
Credit Card Interest Expense (Business credit cards only)		_____
Loan/Line of Credit Interest Expense (Business loan/lines only)		_____
Telephone: Cell Phone	Bus. Use % _____	_____
Telephone: Landline (indicate business use % if shared)	% _____	_____
Internet Fees (if bundled, indicate portion for internet of total bill)	% _____	_____
Business Meals (keep all receipts and detail business purpose)		_____
Postage/Mailing (include PO Box, enter product shipping under Main Business Activity, pg. 1)		_____
Insurance (liability, disability, etc)		_____
Office Supplies/Small Tools/Stationary/Décor/Etc		_____
Legal Fees - if over \$600, did you already send a 1099 form? Mark Y or N:	_____	_____
Other Consultant Fees		_____
Tax Preparation & Consulting Fees		_____
Bookkeeping Fees		_____
Payroll Preparation Fees		_____
Salaries/Wages		_____
Payroll Taxes Paid (include federal & state quarterly payroll tax forms and year end W2s)		_____
Employee Benefits (company paid health insurance, retirement plan match, etc)		_____
Local Taxes Paid (Tri-Met, City of Portland, county personal property, etc)		_____
Contract Labor - if over \$600, did you already send a 1099 form? Mark Y or N:	_____	_____
Research Services/Samples		_____
Professional Memberships/Affiliations/Fees/Dues		_____
Licenses & Certifications (including state registration fees)		_____
Publications & Subscriptions		_____
Storage (offsite/software/backups/etc)		_____
Equipment Rental (copy machines/printers/etc)		_____
Music/Ambience for Office		_____
Water/Refreshments for Office Staff/Guests		_____
Repairs (including equipment/office/painting/locks)		_____
Local Travel Costs (train/bus) For parking and other regular business auto use, see page 4		_____
Travel - Hotels/Fares (do not include meals here, use Business Meals above)		_____
Travel - Rental Car/Fuel		_____
Uniforms/Protective Clothing (must look ridiculous if you were to wear in public)		_____
Office Improvements (If cost is over \$1,000 do not include here, detail on page 3)		_____
Software Licenses (must be renewed each year)		_____
Standalone Software (if items individually cost over \$1,000 do not include here, use page 3)		_____
Office Equipment (if items individually cost over \$1,000 do not include here, use page 3)		_____
Computer Equipment (if items individually cost over \$1,000 do not include here, use page 3)		_____

**For Home Office & Personal Vehicle Use expenses, please see the 'Home Office & Auto Organizer.'*



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Office/Computer Equipment & Software, Improvements over \$1,000

Description:	Date Bought:	Price:
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Health Insurance Premiums

Health/Vision/Dental insurance paid for out-of-pocket (not withheld from W2 employer) _____

(see Itemized Deductions Form to enter out-of-pocket medical/dental/vision expenses)

**If you applied for health insurance through 'Healthcare.gov' you must retrieve and provide Form 1095-A.*

Local (Oregon) Taxes

Gross income earned within Portland city limits: Portland (OR) _____

Gross income earned in the following counties: Multnomah Co. _____

Washington + Clackamas Co. _____

If easier, indicate amount or % of gross income earned outside Tri-Met _____

Portland (OR)/Multnomah County Questions:

If your business is based within Multnomah County, average # of employees working within the County: _____

If your business is based within Portland city Limits, average # of employees working within city limits: _____

Notes
