



# 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:** \_\_\_\_\_

## Home Office Expenses

What date did you start using your home for business? \_\_\_\_\_

Total square footage of home \_\_\_\_\_

- if roommate, include only your portion (i.e. half, third)

Square footage of dedicated office space \_\_\_\_\_

Expenses for the dedicated office space only

Repairs/Painting \_\_\_\_\_

Landline internet/phone service for office only \_\_\_\_\_

Rented Home/Space

Rent paid \_\_\_\_\_

Renter's Insurance \_\_\_\_\_

Utilities: Water \_\_\_\_\_

Utilities: Heat \_\_\_\_\_

Utilities: Power \_\_\_\_\_

Utilities: Garbage \_\_\_\_\_

Repairs/Maintenance/Cleaning \_\_\_\_\_

Home Owner - if new purchase/refinance please provide **final settlement statements (final HUD)**

Hazard Insurance (a.k.a. Homeowner's) \_\_\_\_\_

Utilities: Water \_\_\_\_\_

Utilities: Heat \_\_\_\_\_

Utilities: Power \_\_\_\_\_

Utilities: Garbage \_\_\_\_\_

Repairs/Maintenance/Cleaning \_\_\_\_\_

Security Fees \_\_\_\_\_

HOA Fees \_\_\_\_\_

Major Remodel/Improvements? If Yes, provide description, amount spent and date completed

Description	Total Cost	Date in Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Name: \_\_\_\_\_

Business Activity: \_\_\_\_\_

## Business Vehicle Expenses

Total miles driven (business + personal) \_\_\_\_\_

Date vehicle was placed into service: \_\_\_\_\_

Is this vehicle also used personally? Y or N \_\_\_\_\_

Do you have another car? Y or N \_\_\_\_\_

Odometer reading January 1 \_\_\_\_\_

Odometer reading December 31 \_\_\_\_\_

Total number of business miles \_\_\_\_\_

- remember to include trips to:

\*visit your CPA/consultants \_\_\_\_\_

\*stores to purchase supplies \_\_\_\_\_

\*post office/mailing/fedex \_\_\_\_\_

\*bank \_\_\_\_\_

\*clients' offices \_\_\_\_\_

\*research \_\_\_\_\_

\*restaurants for business meals \_\_\_\_\_

\*meetings \_\_\_\_\_

\*travel (if using your own vehicle) \_\_\_\_\_

\*pickup/dropoff product \_\_\_\_\_

\*events \_\_\_\_\_

Parking & Tolls \_\_\_\_\_

Lease Fees \_\_\_\_\_

Repair\*/Maintenance Fees \* \_\_\_\_\_

\*may not be deductible

If you do not answer "Yes" to the following questions, we cannot deduct business miles.

Please ask us what constitutes written evidence.

Do you:

Have evidence of this information? Y or N \_\_\_\_\_

Is it written? Y or N \_\_\_\_\_