



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 \$2,500 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	Bus. Use % _____
Internet Fees (if bundled, indicate portion for internet of total bill)	% _____
Education/Training	_____
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 \$2,500 do not include here, detail on page 3)	_____
Software Licenses (must be renewed each year)	_____
Standalone Software (if items individually cost over \$2,500 do not include here, use page 3)	_____
Office Equipment (if items individually cost over \$2,500 do not include here, use page 3)	_____
Computer Equipment (if items individually cost over \$2,500 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 \$2,500

Description:

Date Bought:

Price:

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
