

Susko Wealth Management, LLC

2018 Business Tax Organizer

You **MUST** bring this with you to your tax appointment!

Name of Contact Person: _____

Phone Number of Contact Person: _____

QuickBooks' Password: _____

Which Software Version of QuickBooks Are You Using: (*Extremely Important - **Circle one.***)

	2019	2018	2017	2016	2015	2014		
Do you have employees?							Y	N
Did you provide your Employer Tax Returns? (<i>If not, please forward ASAP.</i>)							Y	N
Do you have Subcontractors? (<i>Anyone you paid more than \$600 to that is NOT an LLC or INC.</i>)							Y	N
Do you want us to prepare your 1099's for your Subcontractors?							Y	N

If yes, please list:
(*name, address, social security #, amount, what it was for*)

Have you made any major purchases? Y N

If yes, please list:
(*description of asset & amount paid*)

Susko Wealth Management, LLC

Please list all business **bank accounts** and **balances** as of 12/31/18:

Please list all **credit cards** and **balances** as of 12/31/18:

Please list all **business loans / lines of credit / mortgage balances** as of 12/31/18:

Please list any **questions** or **concerns** you would like to discuss at our meeting:

***** If you are not using QuickBooks, please make sure you provide me with a detailed list of all of your business income and expenses. Please use the following page as a guide. Feel free to add additional categories as they pertain to your business.**

Susko Wealth Management, LLC

Income

- Gross receipts or sales _____
- Returns & allowances _____
- Cost of goods sold _____

Expenses

- Compensation of Officers _____
- Salaries and Wages _____
- Advertising _____
- Car & Truck expenses _____
- Commissions & Fees _____
- Contract labor (subcontractors) _____
- Employee benefit programs _____
- Health Insurance _____
- Other Insurance _____
- Interest Expense _____
- Legal & Professional fees _____
- Office Expenses _____
- Pension & Profit-Sharing plans _____
- Rent _____
- Repairs & Maintenance _____
- Lease _____
 - Vehicles, machinery, equipment _____
 - Other _____
- Repairs & Maintenance _____
- Supplies _____
- Taxes & Licenses _____
- Travel & Meals _____
 - Travel (hotel, flight, etc.) _____
 - Deductible meals _____
- Utilities _____
- Wages _____
- Other expenses (please list)
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____

Information for Your Vehicle (If you used more than one, please list separately.)

- Date you placed your vehicle in service (m,d,y) _____
- Mileage _____
 - Total miles you drove your vehicle in 2018 _____
 - Business miles _____
 - Commuting miles _____
 - Other _____