

Certified Public Accountant
tom@avmaraccounting.com
lisa@avmaraccounting.com



Phone: 954.764.0404
Fax: 954.764.2327
www.avmaraccounting.com

SELF EMPLOYED BUSINESS ORGANIZER

Client Name	
Employer Identification Number (if you have one)	Florida Department of Revenue UT#
Do you use Quickbooks to reconcile your accounts?	Yes No

Address	

Contact Information	Cell Phone	
	Email Address	

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INCOME / EXPENSE

Please complete this section if you are not currently using accounting software (Quickbooks)

Gross Income	_____		
Purchase of Goods for Resale	_____	Advertising	_____
Automobile Expenses	_____	Insurance	_____
Commissions/Fees/Casual Labor	_____	Office Expense	_____
Communications/Telephone	_____	Supplies	_____
Professional Fees	_____	Travel	_____
Equipment Rent	_____	Office Rent	_____
Repairs/Maintenance	_____	Utilities	_____
Taxes, Licenses, Fees	_____	Meals/Entertain	_____
Other (attach list if necessary)		Do you have inventory for resale?	Yes No

VEHICLE EXPENSE WORKSHEET

Year, Make and Model	_____	Vehicle Cost	_____
Start Date For Business Use	_____	Lease Payments	_____
End Date for Business Use (if applicable)	_____	Fuel	_____
Odometer on January 1st or first date of use	_____	Insurance	_____
Odometer on December 31st or last day of use	_____	Repairs and Maint	_____
Personal Miles	_____	Other	_____
Commuting Miles	_____		
Business Miles	_____		
Percentage of Business Use _____			
Do you have another vehicle available for personal use? YES NO			
In the event of audit, taxpayer is required to keep mileage log and written evidence supporting the mileage deduction. If you have questions regarding supporting documentation please contact our office.			
Briefly describe how your business vehicle is used for business related purposes:			

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ASSETS

Please list all business assets

Description	Date Purchased	Cost

LIABILITIES

Please list all business liabilities / loans / lines of credit

Description	Date Purchased	Cost

DISCLOSURE

I (We) verify that the information provided on this tax orgnaizer is accurate and complete. I (We) understand it is my (our) responsibility to include any and all information related to my income, deductions and any other information necessary for the preparation of my (our) business income tax return. In the event of an audit it is the taxpayers responsibility to provide supporting documentaiton for all income and expenses.

Taxpayer Signature _____
Printed Name _____

Date _____