

SELF EMPLOYMENT TAX ORGANIZER



TAX YEAR:

Client Name:

Business Name
and Address:

Type of Business/Industry:

Employer I.D. Number (EIN):

Entity:

Accounting method, if not cash: *Accrual* *Other (specify):*

When did this business start operating?

Date of dissolution if business is no longer operating:

Did you make any payments that would require you to file form(s) 1099 and/or W-2s?

If yes, did you or will you file all required Forms 1099?

Please Attach Your 1096 and/or W-3

INCOME

Gross Receipts or Sales:	\$	Returns And Allowances:	\$
Other Income:	\$		

EXPENSES

Advertising:	\$	Taxes and Licenses:	\$
Car/Truck expenses:	See Auto Expense Worksheet	Travel (Air Fare & Hotels):	\$
Commissions and Fees:	\$	Total Meals & Entertainment:	\$
Sub-Contract Labor:	\$	Utilities (Non Home Office):	\$
Pension & Profit Sharing Plans:	\$	W-2 Wages:	\$
Employee Benefit Programs:	\$	Payroll Fees/Expenses:	\$
Interest (Business Loans):	\$	Insurance (Other Than Auto):	\$
Other Interest:	\$	Liability:	\$
Legal & Professional Services: (Do not include fees paid to TDN)	\$	Workers Compensation:	\$
Supplies:	\$	Health Insurance:	\$
Office Expenses:	\$	Other Expenses (List Type & Amount):	\$
Rent or Lease (Machinery and Equipment):	\$		\$
Rent (Other Business Property):	\$		\$
Non Auto Repairs and Maintenance:	\$		\$

I attest that the above information is true and correct to the best of my knowledge.

Taxpayer: _____ Date: _____ Spouse: _____ Date: _____

Business Use of Your Home Expense Worksheet



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Client Name: _____

Tax Year: _____

BUSINESS USE OF HOME

Square Feet of Home Used Exclusively For Business: _____

Total Square Footage of Home: _____

Was part/area of this home used for a daycare business? YES _____ NO _____

If yes, what was the total number of daily/weekly hours this home was used for a daycare? _____

Did you live in this home year round? YES _____ NO _____

Did you claim office in home expenses last year? YES _____ NO _____

Home's Adjusted Basis or Fair Market Value: \$ _____

Does this include the value of the land? YES _____ NO _____ If yes, what is the value of land? _____

Date placed in service: _____ If applicable, date taken out of service: _____

RELATED EXPENSES

Expense Breakdown	Total Amount Paid		
Deductible Mortgage Interest:	\$ _____		
Real Estate Taxes:	\$ _____		
Insurance:	\$ _____		
Rent:	\$ _____		
Repairs & Maintenance:	\$ _____	Type of Repair:	_____
Repairs & Maintenance:	\$ _____	Type of Repair:	_____
Repairs & Maintenance:	\$ _____	Type of Repair:	_____
Utilities:	\$ _____		
Other Expenses:	\$ _____	Type of Expense:	_____

Signature of Taxpayer

Date

Signature of Partner/Spouse

Date

Auto Expense Worksheet

If you are a truck driver/or in the transportation industry,
please complete the Truck Driver/Transportation worksheet



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Client Name:

Tax Year:

VEHICLE INFORMATION

Business Name
& Profession

Description of Vehicle:

Date Placed In Service:

Do you or your spouse have another vehicle available for personal use? YES NO

Was your vehicle available for use during off-duty hours? YES NO

Do you have evidence to support your deduction? YES NO

If yes, is the evidence written? YES NO

Enter the Number of Miles Your Vehicle Was Used for Each Purpose Below:

Business Miles: *Commuting:* *Other:*

AUTO RELATED EXPENSES

Garage Rent:	\$		Gas:	\$
Insurance:	\$		Licenses:	\$
Tolls:	\$		Parking Fees:	\$
Lease Payments:	\$		Repairs:	\$
Tires:	\$		Oil:	\$
Other Expenses(List)			Business % to Apply	%
	\$			
	\$			

Signature of Taxpayer

Date

Signature of Partner/Spouse

Date

Engagement Letter for your Tax Preparation for Tax Year(s): _____

This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your Federal/and or State tax returns (please see your Service Agreement for details). We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign and date in the space indicated below and return this to us.

Please call if you have any questions.
Tax Defense Network, Inc.

BOTH SPOUSES MUST SIGN FOR PREPARATION OF JOINT RETURNS.

_____	_____	_____	_____
Date	Please Print Taxpayer Name	Taxpayer Signature	SSN
_____	_____	_____	_____
Date	Please Print Spouse Name	Spouse Signature	SSN

Affirmation of Truth

I _____ and _____ affirm that the financial and tax information given is true and accurate. I/We understand that the income and expense information given will be used by Tax Defense Network, Inc. to accurately prepare my Tax Returns. If at anytime I/We become aware of the misrepresentation of our tax information on the attached tax organizers I/We affirm that Tax Defense Network, Inc. will be made aware of these anomalies as soon as possible.

If you can agree with the information included on the attached tax organizers, please sign and date where indicated below. By signing this statement you agree that the information that you have reported to Tax Defense Network, Inc. is accurate and complete and is a true representation of your tax affairs.

Signature _____ Date _____ Signature _____ Date _____