## **Bookkeeping Organizer**

The bookkeeping organizer is used to collect the information needed to complete your monthly bookkeeping. If you do not have your EIN or date of Incorporation, you should still send the form with all other applicable information.

	General In	formation		
lame: Name of Business:		Entity Type:		
Date of Incorporation/Organization:	EIN:	Product or Service offere	ed:	
Do you have any credit cards used exclusively for business:		Yes	No	
If yes: Name of card:		last 4 digits of card:		
Name of card:		last 4 digits of card:		
If any of the cards listed are used for	or personal reasons, no matter how small, the			
		ness Began		
	tible until after the "Start-up" phase an exact date ordinary business opords.			
	What day did ordinary business	s operations begin? (check one	<b>:</b> )	
Date of First Sale	e Other:		В	usiness still in
Date:	Date:		st	art-up phase*
*If the company ne	ever leaves the start-up phase all expense	s incurred will be non-deductible for	tax purposes.	
	Start Up Expens	ses Already Paid		
	e paid to get the business started. F hat do not fall under these categorie			
	L	Date Paid	Vendor	Amount
Fee paid to Secretary of Sta	ate			
Fee paid for Coaching/Train	ning (1)			
Fee paid for Coaching/Train	ning (2)			
Website Building & Design	Fees			
Advertising Fees				
Drop Shipper Sign up Fees				
Initial Accounting & Legal F	ees			
	Description			
Other:				
Other:				
Other:				
	Utilities used k	y the Business		
Do you have any utilities that	at you use for business purposes?	Yes	No	
If yes please estimate the b	usiness use percentage			
Home Phone:	Cell Phone:	Fax:	Internet:	