



Simplified
Income Tax Organizer
for your
ACN Business
2009

Business Name: _____
Address: _____
Phone Number: _____

Gross Commissions

Revenue Received From:

Total Commissions per 1099-Misc (Attach 1099s) _____
 Total Income Earned Not Reported on 1099s _____
 Other ACN Related Income (i.e. Commissions and Speaking)..... _____

- Be sure to attach all form 1099s

Operating Expenses:

VOP, Cell Phones, and Tools:

Total VOP phones used as samples _____
 Total VOP phones used personally _____
 Total VOP phones given in promotion _____

Business Automobiles (Two Options):

Actual Expense (OPTION 1)
 (Gas, Insurance, Repairs, Maintenance, etc.) _____

- Attach a detailed schedule of actual expenses incurred.
- If leased, list the year in which the lease started, value of vehicle at beginning of lease, and the term of the lease.

Mileage (OPTION 2)

	Description	Total Miles	Business Miles
Auto 1	_____	_____	_____
Auto 2	_____	_____	_____
Auto 3	_____	_____	_____
Auto 4	_____	_____	_____

- Current tax law requires records be kept to verify actual business mileage. Consult with your tax advisor for current details.
- Federal Mileage rate is \$.55 per mile January through December 2009.

Other Business Travel:

Airplane Tickets	_____
Bus Charges	_____
Parking and Tolls	_____
Hotel and Accommodations	_____
Taxi	_____

Business Meals:

Meals consumed personally while out of town	_____
Costs of meals for group meetings	_____
Business meals not out of town	_____

Other Operating Expenses:

Seminar and Training Expenses	_____
Postage	_____
Telephone (Second Line, Long Distance, Cell, and VOP)	_____
Shipping Charges	_____
Office Supplies	_____
Service Charges	_____
Bank Charges	_____
Interest (Business Related Only)	_____
Professional Fees	_____
Insurance (Business Related Only)	_____
Health Insurance (Premiums)	_____
Rents	_____
Advertising	_____
Other Expenses	_____
Description	
_____	_____
_____	_____
_____	_____

Commissions Paid:

Commissions per Forms 1099 (over \$600) _____
All Other Commissions Paid _____

Business Equipment Purchased:

List all business equipment purchased (i.e. computers, briefcases, slide projectors, etc.)

Description	Date Purchased	Cost	Business Use Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Use of Residence:

Rent paid monthly _____

--OR--

Cost of House _____

Cost of Land _____

Total Square Footage _____

Square Footage of property used solely for business _____

Utilities paid during year _____

Property taxes paid (if applicable) _____

Mortgage interest paid (if applicable) _____

- Consult with your tax advisor concerning IRC Sec. 280A limitations on business use of residence.

Family Wages:

Total compensation paid to spouse _____

Total compensation paid to children under 18 _____

Do you have a Section 105 plan in place? _____

If you require further assistance or have any questions, please contact Boyd Cook, Karl Grimmert, or Ed Gabriel at (801) 225.8474.