



Loid Tax & Accounting, LLC

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Taxpayer

Address of home office: _____

Street _____

City _____ State: _____ Zip: _____

Business Name: _____

Square footage of office: _____ Square footage of home: _____

Expenses

Interest _____

Real Estate Taxes _____

Rent _____

Insurance _____

HOA _____

Repairs _____

Other _____

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Signature(s)

I/We believe that the information disclosed in this organizer to be complete & accurate. I/We understand that incorrect or incomplete information may result in an erroneous return.
Sign form by typing your name in the block provided.

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____