

TAX ORGANIZER

SELF-EMPLOYMENT INCOME & EXPENSES

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- 5 City State Zip

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify)
- 7 Did you "materially participate" in this business? Yes No
- 8 Check (X) if you started or acquired this business in 2011

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
9 Income reported on 1099 MISC	9		
Gross receipts or sales not reported on Form 1099 or Form W-2			
10	10		
11	11		
12	12		
13	13		
14 Returns and allowances	14		
15 Other income	15		

Inventory (Enter "X" where applicable)

16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other

17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

		Current Year Amount	Prior Year Amount
18 Inventory at the beginning of year	18		
19 Purchases less cost of items withdrawn for personal use	19		
20 Cost of labor	20		
21 Materials and supplies	21		
22 Other Costs	22		
23 Inventory at end of year	23		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	A		
B	B		
C	C		
D	D		
E	E		
F	F		
G	G		

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41 Advertising	41		
42 Contract labor	42		
43 Commissions and fees	43		
44 Depletion	44		
45 Employee benefit programs (other than on line 51)	45		
46 Insurance (other than health)	46		
Interest:			
47 Mortgage (paid to banks, etc.)	47		
48 Other	48		
49 Legal and professional services	49		
50 Office expense	50		
51 Pension and profit-sharing plans	51		
Rent or Lease:			
52 Machinery rental or lease	52		
53 Equipment rental or lease	53		
54	54		
55	55		
56	56		
Other business property rental or lease			
57	57		
58	58		
59	59		
60 Repairs and maintenance	60		
61 Supplies (not included in inventory cost of goods sold)	61		
62 Taxes and licenses	62		
Travel, Meals, and Entertainment:			
Travel			
63	63		
64	64		
65	65		
66	66		
Meals and entertainment			
67 Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	68		
69	69		
70	70		
71	71		
72 Utilities	72		
73 Wages	73		
Other Expenses			
74	74		
75	75		
76	76		
77	77		
78	78		
79	79		
80	80		
81	81		
82	82		

Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles:		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
Total area of home (in square feet)		
Total area used for business		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		