

SELF EMPLOYED SCHEDULE C ORGANIZER

Did you receive any 1099's? _____ If you answered yes, please provide all copies
 Did you make any payments that require filing 1099's? _____ If yes, did you file the 1099's? _____
 Do you issue any W2's _____ If you answered yes, please provide a copy of the W3 and Form 940
 and any unemployment filings.

INCOME

Gross _____

EXPENSES

Advertising _____
 Contractor Labor _____
 Legal & Professional Fees _____
 Office Expenses _____
 Repairs & Maintenance _____
 Supplies _____
 Meals _____
 Telephone _____
 Education _____
 Postage _____
 Wages Paid _____
 Other _____
 Other _____
 Other _____

INSURANCE

Business _____
 Health _____
 Workers Comp _____
 Employee _____
 Other _____

INTEREST

Bank/Credit Card _____
 Loan _____
 Other _____

RENT OR LEASE PAYMENTS

Equipment _____
 Storage _____
 Building _____
 Other _____

TRAVEL

Hotels _____
 Airfare _____
 Taxi/Uber/Car Rental _____
 Other _____

TAXES & LICENSE

Business _____
 Property _____
 Trade License _____
 Other _____

EQUIPMENT PURCHASED

Date	Amount	Description	New or Used
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE IN HOME

Mortgage Interest _____
 Property Taxes _____
 Home Insurance _____
 Electric _____
 Water _____
 Internet/Cable _____
 Other _____

Square Footage of Home _____
 Square Footage of Office _____
 Date First used as office _____

OFFICE IN SEPERATE LOCATION

Internet _____
 Electric _____
 Water _____
 Telephone _____
 Other _____

INVENTORY

Beginning Inventory _____
 Goods/Materials Purchased _____
 Ending Inventory _____

VEHICLE - You may use only 1 method

Standard Mileage Method
 Business Miles Jan-June _____
 Business Miles July-Dec _____
 Interest _____
 Parking _____
 Tolls _____
 Car Washes _____

Actual Expense Method
 Fuel _____
 Insurance _____
 Repairs _____
 Lease Payments _____
 Plates _____

Print Name: _____

Date: _____