

SELF EMPLOYED SCHEDULE C ORGANIZER

Business Name: _____

Nature of business-(example consulting, painting, etc) _____

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? _____

Did you issue any W2's _____ If you answered yes, please provide a copy of the W3

INCOME

Gross Revenue _____

EXPENSES

Advertising _____

Subcontractors _____

Insurance _____

Legal & Professional _____

Office Expenses _____

Rent _____

Repairs _____

Supplies _____

Meals _____

Telephone _____

Internet _____

Taxes (Specify Type) _____

License _____

Wages Paid to Employees _____

Other _____

Other _____

Other _____

Other _____

INSURANCE

Business _____

Health Ins of Owner _____

Workers Comp _____

Employee Insurance _____

Other _____

RENTAL

Equipment _____

Storage _____

Building _____

Other _____

TRAVEL

Hotels _____

Airfare _____

Taxi/Uber/Car Rental _____

Other - Specify _____

* Please note that meals are deductible but entertainment is not (no sporting tickets, boating, golfing, or other entertainment events)

OFFICE IN HOME (Only if you have a dedicated room in home)

Mortgage Interest _____

Property Taxes _____

Home Insurance _____

Electric _____

Water _____

Internet _____

HOA _____

Other _____

Other _____

Other _____

Square Footage of Home _____

Square Footage of Office _____

Date First used as office _____

INVENTORY

Beginning Inventory _____

Goods/Materials Purchased _____

Ending Inventory _____

VEHICLE - You can only use one method

Standard Mileage Method

Total Miles for 2025 _____

Business Miles for 2025 _____

Parking _____

Tolls _____

Actual Expense Method

Total Miles for 2025 _____

Business Miles for 2025 _____

Fuel _____

Insurance _____

Repairs and Maintenance _____

Lease Payments (if leased not purchased) _____

Registration _____

Interest on Vehicle Loan _____

Car Washes _____

Other - Specify _____

Tolls _____

Parking _____

(NEED MILEAGE EVEN IF YOU ARE USING THE ACTUAL METHOD)

EQUIPMENT PURCHASED (COST OVER \$2500)

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

Print Name _____

Date: _____