

**BUSINESS ORGANIZER – SCHEDULE C (FOR CLIENTS WHO ARE SELF-EMPLOYED)**

Business Information for Tax Year _____	
Business Name	
Product/Service	
Business Address	
Federal Employer ID#	

Income	
Gross Receipts	
Returns & Refunds	
Inventory/Cost of Goods Sold	
Inventory-Beginning	
Purchases	
Personal Use	
Other Costs	
Inventory-Ending	

Office In Home Deduction	
To qualify, an "office in home" must have <u>exclusive and regular use</u> ...	
As your principal place of business	OR
By patients, clients, customers in meeting or dealing with you in the normal course of business	
Office Square Feet	
Home Square Feet	
Repairs & Maintenance	
Utilities	
Insurance	
HOA & Mgmt Fees	
Rent	
Other:	

**EXPENSES:** You must have receipts and records to document business expenses. Receipts for expenses greater than \$75 must be kept in your records and must show business purpose, date, time, place and amount of expense.

Did you pay someone over \$600 for service performed?  Yes  No

If yes, did or will you file forms 1099?  Yes  No

Expense	Amount	Expense	Amount
Accounting		Parking Fees, Tolls	
Advertising, Marketing		Pension, Profit Sharing	
Bank Charges		Postage, Shipping	
Commissions		Printing	
Computer		Repairs, Maintenance	
Consulting		Rents	
Dues & Subscriptions		Salaries & Wages	
Education & Training		Software	
Equipment Rental, Lease		Supplies	
Gifts (note: limit \$25/client)		Taxes: Other	
Independent Contractors		Taxes: Payroll	
Insurance (other than health & auto)		Telephone	
Insurance - Health (Self Employed)		Tools	
Interest		Travel: Airfare	
Internet		Travel: Lodging	
Janitorial		Travel: Other	
Licenses		Uniforms	
Legal, Professional Fees		Utilities	
Meals & Entertainment		Other:	
Miscellaneous		Other:	
Office Expense (not rent)		Other:	
Outside Services		Other:	

Vehicle Expense		
Vehicle 1		
Make & Model		
Cost or Fair Market Value		
Date placed in Service		
Vehicle 2		
Make & Model		
Cost or Fair Market Value		
Date placed in Service		
Standard Mileage Method		
	Vehicle 1	Vehicle 2
Business Miles	mi.	mi.
Total Miles Driven	mi.	mi.
Interest Paid on Auto Loan		
Written Mileage Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual Expenses Method		
	Vehicle 1	Vehicle 2
Gas, Oil Lubricant		
Repairs, Maintenance		
Tires, Batteries		
Insurance		
License, Taxes		
Interest or Lease Payments		
Other:		

Improvements, Replacements and Equipment Purchases			Assets Sales and Dispositions		
Asset Description	Date	Cost	Asset Description	Date	Price

