

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</u> use...	
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