

# Self-Employed/ Sole Proprietor Tax Organizer

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|---|-----|----|
| 1. Was the primary purpose of your business activity to realize a profit? | YES | NO |
| 2. Has your business reported any losses in prior years?                  | YES | NO |
| 3. Did you pay any family members for services?                           | YES | NO |
| 4. Did you make any contributions to a self-employed retirement plan?     | Yes | NO |

## Income

Business Income	Amount
Returns and allowances	

## Expense

Operating Expenses	Amount
Advertising	
Auto (work sheet)	
Business Insurance	
SE Medical Insurance	
Commissions and Fees	
Legal/Accounting Fees	
Office Expense	
Postage	
Office Phone/ Long Distance	
Cell Phone/ Pager	
Bank Charges	
Supplies	
Safety Equipment	
Equipment	
Tools	
Dues & Publications	
Continued Education	
Interest-Mortgage	
Interest-Other	
Uniforms/ Cleaning	
Rent- Machine/ Equipment	
Rent-Other Property	
Repairs and Maintenance	
Licenses & Bonds	
Taxes- Real Estate	
Sales Tax	

Travel/Entertainment	Amount
Number of whole days out of town	
Airfare	
Car Rental	
Lodging	
Other	
Business Meals	
Business Gifts	
<b>If you Maintain Inventory</b>	
Beginning Inventory	
Cost of Purchase	
End of Year Inventory	
<b>If you have Employees....</b>	
Employer ID Number:	
Gross Wages Paid	
List only employer paid FICA	
List only Employer and Unemployment	
List only employer paid Emp. Benefit Programs	
<b>Did you pay any individual \$600 or for contract labor?</b>	
Miscellaneous Expenses	

Depletion- Provide detailed schedule from last year

Depreciation - Provide detailed schedule from last year

**If you purchased new equipment or sold equipment.**

Description of Property	Date Acquired	Cost	Date sold	Selling price