

**\*Must be Completed If Self-Employed\***

Please contact our office if you need assistance

**Smash Tax**

Non-employee Comp or Small Business Income (Schedule C) Organizer  
Complete one for each Activity/Business and attach to 1040 Organizer

\*\*If you own a daycare - please call our office for a daycare packet\*\*

Tax Payer Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Profession/Product: \_\_\_\_\_ Year: \_\_\_\_\_  
Business Name (if any): \_\_\_\_\_ Business EIN (if any): \_\_\_\_\_

Address (if different from personal address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete below OR if you use bookkeeping software or a bookkeeper, attach Profit & Loss Report**

**Gross Sales:** \_\_\_\_\_ **Beginning Year Inventory** \_\_\_\_\_  
**End of Year Inventory** \_\_\_\_\_  
**Cost of Goods Sold** \_\_\_\_\_  
*(Items bought for resale)*

**Expenses:**  
Advertising \_\_\_\_\_  
Commissions \_\_\_\_\_  
Contract Labor \_\_\_\_\_  
Depletion \_\_\_\_\_  
Insurance \_\_\_\_\_  
Interest \_\_\_\_\_  
Mortgage \_\_\_\_\_  
Other Debt \_\_\_\_\_  
Professional Fees \_\_\_\_\_  
Office Supplies \_\_\_\_\_

**Rent**  
Office \_\_\_\_\_  
Equipment \_\_\_\_\_  
Other \_\_\_\_\_  
Repairs/Maintenance \_\_\_\_\_  
Work Supplies \_\_\_\_\_  
Business Taxes/Licenses \_\_\_\_\_  
Travel/Seminars \_\_\_\_\_  
Meals & Entertainment \_\_\_\_\_  
Utilities (not of home) \_\_\_\_\_  
Employee Wages/Payroll \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Telephone/Internet \_\_\_\_\_  
Professional Dues/Licenses \_\_\_\_\_  
Professional Subscriptions \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**Mileage OR Fuel (circle one)**  
Vehicle Make \_\_\_\_\_ Fuel cost: \_\_\_\_\_  
Total Mileage (all use) \_\_\_\_\_  
Work Mileage \_\_\_\_\_

**Did you pay contract labor over \$600?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**If Yes, did you send them a 1099?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Did you purchase any equipment or machinery items for use in business with significant cost and useful life over 1 year?**  
Item: \_\_\_\_\_ Cost: \_\_\_\_\_  
Item: \_\_\_\_\_ Cost: \_\_\_\_\_

**Do you sell goods and pay Sales Tax?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Do you use a home office?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes: Sq Ft of Home: \_\_\_\_\_  
Sq Ft Used as Office: \_\_\_\_\_