

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: _____
Busienss 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 / Total Income : _____
\$ _____
Beginning Year Inventory _____
End of Year Inventory _____
Cost of Goods Sold/Materials _____
(Items bought for resale)

Expenses:

Advertising _____
Commissions _____
Contract Labor _____
Insurance _____
Interest _____
Professional Fees _____
Office Supplies _____

Office Rent _____
Equipment Rental _____
Other Rent Paid _____
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 _____

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: _____ Date Purchased _____ Cost: _____
Item: _____ Date Purchased _____ 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: _____