

Must be Completed If Self-Employed

Please contact our office if you need assistance

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: _____
Profession/Product: _____ Industry: _____
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, attach Profit & Loss Report

Gross Sales / Total Income : _____ **Beginning Year Inventory** _____
\$ _____ **End of Year Inventory** _____

Expenses:

Advertising	_____	Materials	_____
Commissions	_____	Items bought for resale	_____
Contract Labor	_____	Equipment Rental	_____
Insurance	_____	Other Rent Paid	_____
Interest	_____	Repairs/Maintenance	_____
Professional Fees	_____	Work Supplies	_____
Office Supplies	_____	Business Taxes/Licenses	_____

Mileage OR Fuel (circle one)

Vehicle Make	_____	Fuel cost:	_____	Employee Wages/Payroll	_____
Total Mileage (all use)	_____			<small>** Payroll wages only, NOT Owners draw</small>	
Work Mileage	_____			Telephone/Internet	_____
				Professional Dues/Licenses	_____

Did you pay contract labor over \$600? _____ Professional Subscriptions _____
Yes: _____ No: _____ Other _____
If Yes, did you send them a 1099? _____ Other _____
Yes: _____ No: _____ Other _____
Other _____

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

Do you use a home office?

Yes: _____ No: _____
If Yes: Sq Ft of Home: _____
Sq Ft Used as Office: _____

**Should you need assistance completing this form, please call our office BEFORE your appointment or you drop off*