



## Schedule C Organizer For Sole Proprietors and Single Member LLCs

The categories below are general business categories. Use your judgment as to how your specific business expenses fit into each category. If you keep your books in QuickBooks please provide us with a backup copy of your QuickBooks file instead of filling in your income and expenses below. If you would like bookkeeping assistance, our staff is available on a project basis. Please ask your preparer for more information.

### Information about Self-Employed Individual

Business Name (if applicable) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe your business: \_\_\_\_\_

This business belongs to \_\_\_ Taxpayer \_\_\_ Spouse \_\_\_ Both    Employer ID# (EIN, if you have one) \_\_\_\_\_

Business start date: \_\_\_\_\_ Do you carry inventory? \_\_\_ Yes \_\_\_ No *If YES, please fill out COGS worksheet.*

Total Health Insurance Premiums Paid (Taxpayers only, not including employees) \$ \_\_\_\_\_

### Income

Total Sales \$ \_\_\_\_\_

Returns/Refunds \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

### Business Expenses

Advertising	\$ _____	Travel	\$ _____
Contract Labor	\$ _____	Local Meals and Entertainment	\$ _____
Employee Benefit Programs <i>(including employee health insurance)</i>	\$ _____	Utilities (not home office utilities)	\$ _____
Interest Paid <i>(do not include auto or home interest)</i>	\$ _____	Wages (only if you issue W2s)	\$ _____
Legal and Professional Services	\$ _____	Cell Phone – 100% of total	\$ _____
Office Expense <i>(do not include equipment purchases; list below under Asset purchases)</i>	\$ _____	Designate % of business use: _____%	
Rent or Lease <i>(vehicles, machinery and equipment)</i>	\$ _____	Telephone Expense	\$ _____
Rent <i>(Office, storage)</i>	\$ _____	Professional Development	\$ _____
Repairs & Maintenance	\$ _____	Internet Service	\$ _____
Supplies and small tools <i>(do not include equipment purchases; list below under Asset Purchases)</i>	\$ _____	Parking and Tolls	\$ _____
		Other Expenses (list and total by Category)	
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____



Taxes and Licenses (*do not include real estate taxes for home office*) \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Total Business Expense** \$ \_\_\_\_\_

**COGS Worksheet - Complete only if your company carries inventory**

Beginning Inventory on hand 1/1/2012 \$ \_\_\_\_\_  
Purchases of Product \$ \_\_\_\_\_  
Cost of Labor related to sale or production \$ \_\_\_\_\_  
Materials and Supplies \$ \_\_\_\_\_  
Other costs related to sale or production \$ \_\_\_\_\_  
Closing Inventory at end of year \$ \_\_\_\_\_  
**COGS** \$ \_\_\_\_\_

**Business Use of Automobile**

If you used your automobile for conducting business, you can claim expenses for business use of your vehicle. You must have proof of business use in the form of a mileage log or a written calendar unless you can show your vehicle was 100% business use. Taxpayers can take either actual expenses or standard mileage; if you are taking standard mileage, there is no need to fill in actual expenses.

Please provide the following information for each vehicle you used in this business.

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Date vehicle first used for your business \_\_\_\_\_

For this tax year, enter the number of miles this vehicle was used for the following:

\_\_\_\_\_ Business use (not including commuter miles)  
\_\_\_\_\_ Commuting Miles  
\_\_\_\_\_ Personal Use Miles  
\_\_\_\_\_ **Total Miles**

Interest paid on loan for vehicle \$ \_\_\_\_\_

**Yes No**

\_\_\_ \_\_\_ Do you have another vehicle available for personal use  
\_\_\_ \_\_\_ Was your vehicle available for your use during off hours?  
\_\_\_ \_\_\_ Do you have evidence to support business use of your vehicle?  
\_\_\_ \_\_\_ If Yes, is the evidence written in the form of a log or calendar?

**Auto Expenses**

Garage rent	\$ _____	Other expenses (list by category)	
Gas/Oil	\$ _____	_____	\$ _____
Insurance	\$ _____	_____	\$ _____
Licenses	\$ _____	_____	\$ _____
Parking	\$ _____	_____	\$ _____
Lease payments	\$ _____	_____	\$ _____

