



TAX ORGANIZER - Schedule C "Sole Proprietor"

Company Name:	Business Type:		
Owner Name:	EIN (If Applicable):		
Business Address:	City:	State:	Zip Code:

Did you pay anyone \$600 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide information)
Did you sell any prior year assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide information)
Did you pay for Health Insurance for yourself and/or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Total Amount: \$ _____)

Income:

Total Income (Sales):	\$
Total Returns/Refunds:	\$

Costs of Goods Sold (if applicable):

Year Beginning Inventory:	Year End Inventory:
Purchases (only items used for business):	\$
Shipping Costs:	\$
Other Costs:	\$

Expenses:

Advertising:	\$	Repairs/Maintenance:	\$
Commissions/Fees:	\$	Supplies:	\$
Contract Labor:	\$	Taxes/Licenses:	\$
Insurance (other than health):	\$	Travel:	\$
Mortgage Interest:	\$	Meals Total (Subject to 50% Limit):	\$
Interest (other):	\$	Utilities:	\$
Legal/Professional Fees:	\$	Wages:	\$
Office Expenses:	\$	Other:	\$
Rent (Building):	\$	Other:	\$
Rent (Machinery):	\$	Other:	\$
Rent (Other):	\$	Other:	\$

Total Expenses:	\$
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Vehicle Information:	Mileage: Start - End:	Total Business Miles:	Total Personal Miles:
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Equipment Purchase:	Description:	Cost: \$	Date Placed In Service:
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