



SELF EMPLOYMENT (SCHEDULE C) ORGANIZER

Complete one for each activity or business

Year _____

General Information

Taxpayer Name _____ SSN _____
 Profession/Product _____ Business EIN (if any) _____
 Business Name (if any) _____ Business Activity Code _____
 Address (if not personal address) _____
 City, State, Zip _____
 Did you pay for Family Healthcare Coverage from your self-employment income? Yes _____ No _____
 If yes, amount: _____ (may have also been listed on Itemized Deductions)
 Do you have an Office in Home? Yes _____ No _____ Use Simplified Method? (\$5 per square foot) _____
 Square footage of office _____ Square footage of total home _____
 If not using Simplified Method, list costs for following:
 Deductible Mortgage Interest _____ Insurance _____
 Real Estate Taxes _____ Rent _____
 Repairs and Maintenance _____
 Utilities _____ (Power, Gas, Water & Sewer, Trash Collection)

Income (or attach a Profit and Loss Statement)

Gross Sales
 Included on 1099-Misc _____ Not included on 1099-MISC _____
 Returns and allowances _____
 Other Income (description) _____ Amount _____

Cost of Goods Sold

Inventory at beginning of year _____ Ending Inventory _____
 Purchases (description) _____ Amount _____
 Materials and supplies (description) _____ Amount _____

Expenses

Advertising _____	Office Expenses _____
Work Car Mileage _____	Rent _____
Personal Use Mileage _____	Equipment _____
Car Yr/Make/Model _____	Other _____
Commissions _____	Repairs/Maintenance _____
Employee Benefits _____	Work Supplies _____
Insurance _____	Business Taxes/Licenses _____
Liability _____	Travel/Seminars _____
Professional _____	Meals & Entertainment _____
E & O _____	Utilities (not of home) _____
Property _____	Cell Phone _____
Other _____	(business percentage) _____
Interest _____	Internet/Cable Access _____
Mortgage _____	Employee Wages _____
Other Debt _____	Professional Dues/Licenses _____
Legal & Professional Fees _____	Professional Subscriptions _____
	Other (detail on back) _____

Other Information

Any equipment or machinery purchased for use in business with significant cost and useful life of over 1 year:

Item _____	Cost _____	Date _____
Item _____	Cost _____	Date _____

Contract Labor (description) _____ Amount _____