

## Self-Employment Tax Organizer

MAIN INFORMATION		
Type of Business Profession		
Business Name		
Employer ID Number (EIN)		
Business Address		
Business Telephone		
Business Start Date		

PART I: INCOME		
Form 1099		
Cash or Check		
Sales Tax Paid by Customers		
Awards & Gifts Received		
TOTAL GROSS INCOME	\$	

PART II: BUSINESS EXPENSES			
Advertising	\$	Business Meals & Entertainment	\$
Commissions & Fees	\$	Overnight Travel	\$
Health Care Plans	\$	Utilities (other than household)	\$
Business Liability Insurance	\$	Telephone & Long Distance Calls	\$
Interest on Business Loans or Business Credit Cards	\$	Other Expenses	\$
Legal & Professional Fees	\$	Bank Charges	\$
Office Supplies	\$	Uniforms	\$
Rent or Lease of Equipment & Property	\$	Freight & Postage	\$
Repairs & Maintenance of Equipment	\$	Dues & Publications	\$
Other Supplies	\$	Professional Education	\$
Sales Tax Paid to State	\$	Quarterly Tax Payments to IRS	\$
Business Licenses	\$	Quarterly Tax Payments to FTB	\$
	\$		\$

EXPENSES: Office in the Home		
Area Used for Business or Storage	Sc	q Ft
Total Area of Home or Apartment	Sci	q Ft
Rent	\$	
Mortgage Interest	\$	
Real Estate Taxes	\$	
Renters or Homeowners Insurance	\$	
Repairs & Maintenance	\$	
Gas & Electric	\$	
Water & Sewer	\$	
If homeowner, date the home was		
(a) purchased	(a)	
(b) placed into business use	(b)	

EXPENSES: Major Purchases & Prior Year Depreciation			
New Item Purchased in Current Year	Date of Purchase	Cost	
		\$	
		\$	
		\$	

PART III: PRODUCTS SOLD		
Inventory at the Beginning of the Year	\$	
Products Purchased During the Year	\$	
Cost of Products for Personal Use	\$	
Supplies Added to Products for Resale	\$	
Other Costs	\$	
Inventory at End of the Year	\$	

PART IV: VEHICLE INFORMATION			
Date Vehicle was Placed in Service: (MM/DD/YY)			
Total Business Miles:			
Total Commuting Miles:			
Total Personal Miles:			
Parking & Tolls: \$			
Do you (or your spouse) have another vehicle for personal use?	Yes	No	
Was your vehicle available for personal use during off-duty hours?	Yes	No	
Do you have evidence to support your deduction?	Yes	No	
If yes, is the evidence written	Yes	No	