

PO BOX 19309 San Diego, CA 92159

Checklist: Sole Proprietor Company Name: _____ Describe your business:

total for each <u>ca</u> advertising, ins Please If you described in the the amounts of	ategory of expeurance, equipm include a separation't have your of aid on business interest for the	ense, for the year. The ent purchase, etc. (or ate sheet for this. expenses categorized loans from banks a	Typical expens credit card bills ed, we can do and business ce to call the final	es include: mis incurred, but the accounting redit cards. Plance company	leage, telephor not paid yet, a g for you. ease list and d	venue). Please list a ne, supplies, internet, are usually deductible). escribe each loan and s all finance charges to
Out-of-pocket o	cost for family's	Health Insurance (not with pre-ta	x dollars)		
Business mile year. In 2018 th	es on personal value standard mile	vehicle(s). Please g eage rate is 54.4 cer	jive us <u>total mi</u> nt/mile (2019 is	les, and busin s 58 cents/mile	<u>ess miles</u> on e e). If you <u>lease</u>	
Car 1	/	Car 2	/			
one item purcha		500. These items ma				A fixed asset is any any items sold or
card. If you hav may be able to	e an office-in-h deduct a percei	nome we will need to the nee	he square foot age interest, R	age of the are Ε tax, home υ	ea used exclusi Itilities, homeov	on your personal credit vely for business. We wner's insurance, table contributions are

deducted on Schedule A, itemized deductions, not on Schedule C.

Please give us **ending inventory** amount, if you have inventory.