**Tax Year Self Employment Organizer**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Self-Employment Information Business Name** | | | | | | |  | |
| **Total Income** | |  | | | Taxpayer Spouse | | | |
| **Expenses** | | | | | | | | |
| Advertising | | | |  | | Repairs Expense | |  |
| Commissions/Fees | | | |  | | Supplies Expense | |  |
| Dues & Publications | | | |  | | Taxes | |  |
| Interest Expense | | | |  | | Travel Expense | |  |
| Insurance | | | |  | | Meals & Entertainment | |  |
| Legal & Professional Fees | | | |  | | Telephone | |  |
| Office Expense | | | |  | | Utilities | |  |
| Rent (office) Expense | | | |  | | Wages (gross W-2) | |  |
| Equipment Rental Expense | | | |  | | Postage | |  |
| Auto Expense | | | |  | | Bank Charges | |  |
| Auto Mileage | | | |  | | Tools & Equipment | |  |
|  | | | |  | | Uniforms | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
| **Assets Purchased** | | | | | | **Notes** | | |
| Date | Amount | | Asset | | |  | | |
|  |  | |  | | |  | | |
|  |  | |  | | |  | | |
|  |  | |  | | |  | | |
|  |  | |  | | |  | | |
| **Cost of Goods Sold** | | | | | | | | |
| Inventory at beginning of year | | | | | | Material & supplies | | |
| Purchases | | | | | | Other: | | |
| Cost of items for personal use | | | | | | Other: | | |
| Cost of labor | | | | | | Inventory at end of year | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expenses Related to Business** | | | | | | | | | |
|  | | | | | | | | | |
| **Auto Expense** | | | | | | | | | |
| Name of business vehicle is used for | | | | | | | | | |
| Description of vehicle: Date vehicle was placed in service: | | | | | | | | | |
| Check if Applicable: | | | | | | | | | |
|  | Another vehicle is available for personal use | | | |  | | There is evidence to support your deduction | | |
|  | This vehicle is available for use during off-duty hours | | | |  | | The evidence is written | | |
| Number of miles the vehicle was driven during the tax year: Business\_\_\_\_\_\_\_\_\_\_\_ Commuting\_\_\_\_\_\_\_\_\_\_\_Total\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Type | | Amount | Type | | | Amount | Type | | Amount |
| Garage rent | |  | Property tax | | |  | Gas | |  |
| Insurance | |  | Repairs | | |  | Tires | |  |
| Licenses | |  | Tolls | | |  | Oil | |  |
| Parking fees | |  | Interest | | |  | Lease payments | |  |
| Other | |  |  | | |  |  | |  |
|  | |  |  | | |  |  | |  |
|  | | | | | | | | | |
| **Business Use of Home** | | | | | | | | | |
| Name of business home is used for | | | | | | | | | |
| What is the square footage of your home that was used regularly and exclusively for business? | | | | | | | | | |
| What is the total square footage of your home? | | | | | | | | | |
| For daycare facilities not used exclusively for business, complete the following questions. | | | | | | | | | |
| How many days during the year was the area used? | | | | | | | | | |
| How many hours per day was the area used? | | | | | | | | | |
| The daycare facility was in operation for the entire year | | | | | | | | | |
| **Expenses** | | | | **Office expenses** | **Home expenses** | | | In the “Office expenses” column, enter those expenses that pertain exclusively to your office. In the “Home expenses” column, enter those expenses that pertain to the entire dwelling. | |
| Mortgage interest | | | |  |  | | |
| Real estate taxes | | | |  |  | | |
| Excess mortgage interest | | | |  |  | | |
| Insurance | | | |  |  | | |
| Rent | | | |  |  | | |
| Repairs & maintenance | | | |  |  | | |
| Utilities | | | |  |  | | |
| Other expenses | | | |  |  | | |

Notes

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Carroll's Tax Service, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer’s Signature Date

Print Name

Spouse’s Signature Date

Print Name