**Tax Year Self Employment Organizer**

|  |  |
| --- | --- |
| **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