

Tax Year _____

Self Employment Organizer

Self-Employment Information

Business Name

Total Income		<input type="checkbox"/> Taxpayer <input type="checkbox"/> 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 _____