

# Sole Proprietorship Tax Organizer

Use a separate organizer for each business

## Sole Proprietor General Information

|                                                   |                       |                                                                                                                              |
|---------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name of sole proprietor                           |                       |                                                                                                                              |
| Business name (if different)                      |                       | EIN (if applicable)                                                                                                          |
| Business address (if different from home address) |                       |                                                                                                                              |
| Principal business activity                       | Date business started | Date business closed                                                                                                         |
| Principal product or service                      |                       |                                                                                                                              |
| Yes                                               | No                    | Was the primary purpose of the business activity to realize a profit?                                                        |
| Yes                                               | No                    | Did you materially participate (involved in a regular, continuous, and substantial basis) in the operation of this business? |
| Yes                                               | No                    | Has the business reported any losses in prior years?                                                                         |
| Accounting method: Cash Accrual Other (specify)   |                       |                                                                                                                              |
| Yes                                               | No                    | Does the business file under a calendar year? (If no, list the fiscal year.)                                                 |

## Sole Proprietor Specific Questions

|     |    |                                                                                                                                 |
|-----|----|---------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | Did you pay any family members for business services?                                                                           |
| Yes | No | Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.?                          |
|     |    | If Yes, did you issue Form 1099-NEC? List name and Social Security Number (SSN) for each person to whom you paid \$600 or more. |
|     |    | Name SSN                                                                                                                        |
|     |    | Name SSN                                                                                                                        |
| Yes | No | Did you make, or do you plan to make, any contributions to a self-employed retirement plan?                                     |
|     |    | Type of plan Amount contributed \$                                                                                              |
| Yes | No | Did you pay for your own health/dental insurance? If Yes, provide amount of premiums paid during the year.                      |
| Yes | No | Did you have any employees?                                                                                                     |
| Yes | No | Did you have any bartering transactions in 2024?                                                                                |
| Yes | No | Did you have a Paycheck Protection Program (PPP) loan that was forgiven in 2024?                                                |

## Sole Proprietor Business Income

|                                                                                                                                           |    |                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|
| Gross receipts or sales (if you received Forms 1099-NEC or 1099-K, list name of payer and amount separately from gross receipts or sales) |    | \$             |
| Form 1099-NEC                                                                                                                             | \$ | Form 1099-K \$ |
| Total of all Forms 1099-NEC and 1099-K received                                                                                           |    | \$             |
| Returns (cash or credit refunds) and allowances (discounts or reductions in selling price)                                                |    | \$ ( )         |
| Other income (not included in gross receipts above)                                                                                       |    | \$             |

**Form 1099-NEC.** You may receive Form 1099-NEC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-NEC, you are generally required to file Schedule C, *Profit or Loss From Business*, claim any expenses associated with the income received, and must pay self-employment (SE) tax on the net income.

## Sole Proprietor Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

|                                                          |    |
|----------------------------------------------------------|----|
| Inventory at the beginning of the year                   | \$ |
| Purchases less costs of items withdrawn for personal use | \$ |
| Cost of labor                                            | \$ |
| Materials and supplies                                   | \$ |
| Inventory at the end of the year                         | \$ |

## Sole Proprietor Business Expenses

|                                         |    |                                           |    |        |    |
|-----------------------------------------|----|-------------------------------------------|----|--------|----|
| Advertising                             | \$ | Management fees                           | \$ | Wages* | \$ |
| Bad debts                               | \$ | Meals – business                          | \$ | Other  | \$ |
| Bank charges                            | \$ | Office supplies                           | \$ |        | \$ |
| Business licenses                       | \$ | Start-up costs (first year of business)   | \$ |        | \$ |
| Commissions and fees                    | \$ | Pension and profit-sharing plans          | \$ |        | \$ |
| Contract labor*                         | \$ | Rent or lease – car, machinery, equipment | \$ |        | \$ |
| Employee benefit programs               | \$ | Rent or lease – other business property   | \$ |        | \$ |
| Employee health care plans              | \$ | Repairs and maintenance                   | \$ |        | \$ |
| Entertainment (not deductible)          | \$ | Supplies (not included in inventory cost) | \$ |        | \$ |
| Gifts                                   | \$ | Taxes – payroll*                          | \$ |        | \$ |
| Insurance (other than health insurance) | \$ | Taxes – property                          | \$ |        | \$ |
| Interest – mortgage                     | \$ | Taxes – sales                             | \$ |        | \$ |
| Interest – other                        | \$ | Taxes – state                             | \$ |        | \$ |
| Internet service                        | \$ | Telephone                                 | \$ |        | \$ |
| Legal and professional services         | \$ | Utilities                                 | \$ |        | \$ |

\* Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.

| Other Business Expenses – List out type and expense amount |    |  |    |
|------------------------------------------------------------|----|--|----|
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |
|                                                            | \$ |  | \$ |

| Car Expenses (use a separate form for each vehicle) |    |                                                               |                                             |
|-----------------------------------------------------|----|---------------------------------------------------------------|---------------------------------------------|
| Make/Model                                          |    |                                                               | Date car placed in service                  |
| Yes                                                 | No | Car available for personal use during off-duty hours?         |                                             |
| Yes                                                 | No | Do you (or your spouse) have any other cars for personal use? | Did you trade in your car this year? Yes No |
| Yes                                                 | No | Do you have evidence?                                         | Cost of trade-in Trade-in value             |
| Yes                                                 | No | Is your evidence written?                                     | \$ \$                                       |
| Mileage                                             |    |                                                               | Actual Expenses                             |
| Beginning of year odometer                          |    | Gas/oil                                                       | \$                                          |
| End of year odometer                                |    | Insurance                                                     | \$                                          |
| Business mileage                                    |    | Parking fees/tolls                                            | \$                                          |
| Commuting mileage                                   |    | Registration/fees                                             | \$                                          |
| Other mileage                                       |    | Repairs                                                       | \$                                          |

Generally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

| Travel Expenses                                                                                                                                                                                             |                   |                                                                                                                                                                                                        |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>• Meals.</b> You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location. |                   | <b>• Travel/Lodging.</b> You can deduct the ordinary and necessary expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc. |                   |
| City visited (for per diem)                                                                                                                                                                                 | # of days in city | City visited (for per diem)                                                                                                                                                                            | # of days in city |
|                                                                                                                                                                                                             |                   |                                                                                                                                                                                                        |                   |
|                                                                                                                                                                                                             |                   |                                                                                                                                                                                                        |                   |
|                                                                                                                                                                                                             |                   |                                                                                                                                                                                                        |                   |
|                                                                                                                                                                                                             |                   |                                                                                                                                                                                                        |                   |

| Travel expenses                |    |                                        |    |
|--------------------------------|----|----------------------------------------|----|
| Airfare                        | \$ | Other travel expenses (describe below) |    |
| Bus, train, taxi               | \$ |                                        | \$ |
| Entertainment (not deductible) | \$ |                                        | \$ |
| Lodging                        | \$ |                                        | \$ |
| Parking and tolls              | \$ |                                        | \$ |
| Meals (actual receipts)        | \$ |                                        | \$ |

| Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year |                |      |                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------|------|------------------------|--------------|
| Asset                                                                                                                                | Date purchased | Cost | Date placed in service | New or used? |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |
|                                                                                                                                      |                | \$   |                        |              |

**Depreciation.** Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

**Equipment Sold or Disposed of During Year**

| Asset | Date out of service | Date sold | Selling price/FMV | Trade-in? |
|-------|---------------------|-----------|-------------------|-----------|
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |
|       |                     |           | \$                |           |

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

**Business Use of the Home**

Area of home must be used regularly and exclusively for business except for storage of inventory or daycare.

**Note:** Managing rental activities or investments does not qualify for business use of the home.

**All Taxpayers****For Daycare Only**

|                                        |  |                           |            |
|----------------------------------------|--|---------------------------|------------|
| A) Business use area (square footage)  |  | 1) Hours used for daycare |            |
| B) Total area of home (square footage) |  | 2) Total hours in year    | 8,784 hrs. |

Enter below only the expenses paid during the period the home was used for business.

**Direct expenses** benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

**Indirect expenses** are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2024, copy this worksheet and fill out one for each home.

|                   | Direct | Indirect |                         | Direct | Indirect |
|-------------------|--------|----------|-------------------------|--------|----------|
| Mortgage interest | \$     | \$       | Repairs and maintenance | \$     | \$       |
| Property taxes    | \$     | \$       | Utilities               | \$     | \$       |
| Insurance         | \$     | \$       | Other                   | \$     | \$       |
| Rent              | \$     | \$       | Other                   | \$     | \$       |

**Depreciation of the Home**

|                                            |    |                          |     |    |
|--------------------------------------------|----|--------------------------|-----|----|
| Lower of cost or fair market value of home | \$ | Improvements?            | Yes | No |
| Value of land                              | \$ | Casualty losses in 2024? | Yes | No |

**1) Exclusive Use Test—Business Use of Home**

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a daycare facility.

**Storage of inventory or product samples—exception to exclusive use test.** If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

**2) Regular Use Test—Business Use of Home**

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

**3) Trade or Business Use Test—Business Use of Home**

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

**4) Principal Place of Business Test—Business Use of Home**

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

**Self-Employment (SE) Tax**

• SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.

- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$168,600 (2024) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.