ALL STAR BOOKKEEPING & TAX SERVICE, INC.

SELF-EMPLOYMENT ORGANIZER

Client Name: **Tax Year: 20** 18

INCOME

Gross sales:	$
Does this include sales tax?	Yes ☐ No ☐
Other Income:	$
	$
	$
	$
Returns or Refunds:	$

COST OF GOODS SOLD

Cost of inventory on Jan. 1st:	$
Purchases for resale:	$
Materials:	$
Less amount for personal use:	($)
Cost of subcontractors:	$
Other labor cost:	$
Cost of inventory on Dec. 31st:	$

EXPENSES

Advertising:	$	Payroll Exp: FICA:	$	Other:	$
Commissions & Fees:	$	SUTA:	$		$
Employee Benefits:	$	FUTA:	$		$
Insurance:	$	Gross Wages:	$		$
Self-Employed Health:	$	Licenses & Permits:	$		$
Life Insurance:	$	Travel:	$		$
Mortgage (pd to banks):	$	Business Meals:	$		$
Other interest:	$	Utilities:	$		$
Professional Fees:	$	Telephone:	$		$
Office expense:	$	Internet:	$		$
Rent/Lease Equip.:	$	Bank Fees:	$		$
Rent/Lease Buildings:	$	Merchant Acc't Fees:	$		$
Repairs & Maintenance:	$	Continued Education:	$		$
General Supplies:	$	Tipping Fees:	$	SEP/SIMPLE/Other Contributions:	
Property Taxes:	$	Trash Removal:	$		$

HOME OFFICE

Area of home:	sqft	Repairs:	$	**Daycare use information:**	
Business use area:	sqft	Utilities:	$	Daycare hours per day:	
Mortgage/Rent:	$	Telephone:	$		
Property Taxes:	$	Other:	$	Daycare days per year:	
Home Insurance:	$		$		

VEHICLES

Description:		
Placed in service:		
Gasoline & Oil:	$	$
Repairs:	$	$
Insurance:	$	$
Interest:	$	$
Licenses:	$	$
Total Miles:		
Business Miles:		
Commuting Miles:		
Odometer 12/31:		

NEW ASSETS

Description:	Date in Service:	Cost:
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$