

Sole Proprietor Tax Organizer

Use a separate sheet 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 / / |
| Principal product or service | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the primary purpose of the business activity to realize a profit? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you materially participate in the operation of this business? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the business reported any losses in prior years? |
| Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the business file under a calendar year? (If no, what is the fiscal year?) |

Sole Proprietor Specific Questions

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you pay any family members for services? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, did you issue Form 1099-MISC? List name and social security number (SSN) for each person to whom you paid \$600 or more. |
| | Name SSN |
| | Name SSN |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you make, or do you plan to make, any contributions to a self-employed retirement plan? |
| | Type of plan Amount contributed \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you pay for your own health/dental insurance? If Yes, provide amount of premiums paid during the year. \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you use an area of your home exclusively for business, or an area exclusively for storage? |
| | Square footage of space used |
| | Total square footage of home |

Sole Proprietor Business Income

| | | |
|--|----|-------------------|
| Gross receipts or sales (if you received Forms 1099-MISC, list name of payer and amount separately from gross receipts or sales) | | \$ |
| Form 1099-MISC | \$ | Form 1099-MISC \$ |
| Form 1099-MISC | \$ | Form 1099-MISC \$ |
| Total of all Forms 1099-MISC received | | \$ |
| Returns and allowances | | \$() |
| Other income (not included in gross receipts above) | | \$ |

Form 1099-MISC. You may receive Form 1099-MISC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-MISC, 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 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 | \$ |
| Cost of labor | \$ |
| Materials and supplies | \$ |
| Inventory at the end of the year | \$ |

Sole Proprietor Business Expenses

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

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

Other Business Expenses – List out type and expense amount

| | | | |
|--|----|--|----|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

Car Expenses

| | | | |
|--|---|---|----------------|
| Make/Model | | Date car placed in service / / | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Car available for personal use during off-duty hours? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you (or your spouse) have any other cars for personal use? | Did you trade in your car this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have evidence? | Cost of trade-in | Trade-in value |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your evidence written? | \$ | \$ |
| <i>Mileage</i> | | <i>Actual Expenses</i> | |
| 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 figure the deductible costs of operating your car for business purposes. However, to use the standard mileage, 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

• **Meals.** 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.

• **Travel/Lodging.** 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 | \$ | | \$ |
| 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. If property you acquire to use in your business is expected to last more than one year, you generally cannot deduct the entire cost as a business expense. Depreciation spreads out the cost of a business asset allowing you to recover the cost or other basis of property over a period of years. It is an annual allowance for the wear and tear, deterioration, or uselessness of property. 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.

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.

• For 2014, the SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$117,000 (2014) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.