

## SELF-EMPLOYMENT ORGANIZER

Client Name: Tax Year: 20

## INCOME

# COST OF GOODS SOLD

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

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

### **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 Contr	ibutions:
Property Taxes:	\$ Trash Removal:	\$	\$

## HOME OFFICE

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

## **VEHICLES**

# **NEW ASSETS**

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

<b>Description:</b>	<b>Date in Service:</b>	Cost:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$