

# Sole Proprietorship Tax Organizer

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: \_\_\_\_\_

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

|  |    |   |
|--|----|---|
| Yes  | No | Was the primary purpose of the business activity to realize a profit?                             |
| Yes  | No | Did you materially participate 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 not list the fiscal year)                       |
| Yes  | No | Did you pay any family members for services?  |
| Yes  | No | Did you make, or do you plan to make, any contributions to a self-employed retirement plan?       |
|  |    | Type of plan <span style="float: right;">Amount Contributed:</span>                               |
| Yes  | No | Did you pay for your own health/dental insurance? <span style="float: right;">Amount paid:</span> |
| Yes  | No | Did you have any employees?   |
| Yes  | No | Did you have any bartering transactions in 2018?  |

## Sole Proprietor Business Income

|   |    |
|---|----|
| Gross receipts or sales (not reported on 1099)                      | \$ |
| Total from all 1099-MISC's received (Provide these to Tax Preparer) | \$ |
| Returns and allowances  | \$ |
| Other income (not included in gross receipts above)                 | \$ |

## Sole Proprietor Cost of Goods Sold

|  |    |
|--|----|
| 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                     | \$ | Pension and profit sharing plans            | \$ |
| Bad debts                       | \$ | Rent or lease - car, machinery, equipment   | \$ |
| Bank charges                    | \$ | Rent or lease - other business property     | \$ |
| Business licenses               | \$ | Repairs and maintenance                     | \$ |
| Commissions and fees            | \$ | Supplies (not included in cost of goods)    | \$ |
| Contract labor                  | \$ | Taxes - payroll                             | \$ |
| Employee benefit programs       | \$ | Taxes - property                            | \$ |
| Employee health care plans      | \$ | Taxes - sales (if included in gross income) | \$ |
| Employee meals                  | \$ | Telephone                                   | \$ |
| Gifts                           | \$ | Travel - airfare                            | \$ |
| Insurance (other than health)   | \$ | Travel - lodging                            | \$ |
| Interest - mortgage             | \$ | Travel - taxi, parking, tolls               | \$ |
| Interest - other                | \$ | Utilities                                   | \$ |
| Internet service                | \$ | Wages                                       | \$ |
| Legal and professional services | \$ | Other                                       | \$ |
| Management fees                 | \$ | Other                                       | \$ |
| Office supplies                 | \$ | Other                                       | \$ |
| Start-up costs (first year of)  | \$ | Other                                       | \$ |

| Vehicle Expenses        |  | Business use of Home             |       |
|-------------------------|--|----------------------------------|-------|
| Description:            |  | Total area of home               | Sq Ft |
| Date Placed in Service: |  | Area used regularly for business | Sq Ft |
| Gasoline & Oil:         |  |                                  |       |
| Repairs & Maint.:       |  | Cleaning Services                | \$    |
| Lease Payment:          |  | Homeowners Insurance             | \$    |
| Insurance:              |  | Mortgage Interest                | \$    |
| Interest:               |  | Other Interest                   | \$    |
| Licenses:               |  | Real Estate Taxes                | \$    |
| Total Mileage           |  | Rent                             | \$    |
| Business Mileage:       |  | Repairs and Maint.               | \$    |
| Commuting Mileage:      |  | Utilities - electric, gas,       | \$    |
| Odometer on 01/01       |  | Other                            | \$    |
| Odometer on 12/31       |  | Cost and value of home           | \$    |
|                         |  | Cost of improvements             | \$    |
|                         |  | Date placed into use             |       |
|                         |  | Value of land                    | \$    |

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

Equipment Sold or Disposed of During Year

| Asset | Date sold | Selling price/FMV | Trade In? Y / N |
|-------|-----------|-------------------|-----------------|
|       |           | \$                |                 |
|       |           | \$                |                 |
|       |           | \$                |                 |
|       |           | \$                |                 |

**NOTE: You are required to issue a Form 1099 to any individual, company, contractor, etc. (not corporations) if you paid them \$600 or more in the year for rent, interest, or services. These forms are due to the recipients no later than January 31. The IRS will assess penalties as high as \$530 per form if not issued as required. If you would like us to prepare these forms, please contact us by January 15.**