



Form 1040 - Schedule C Self-Employed Business Organizer

Use this Organizer to summarize the Income and Expenses from:

- 1) A sole-proprietor/independent-contractor business** - informal business carried on by an individual under their SSN;
- 2) A business that uses a Single Member LLC; Or**
- 3) Provided Services or Received Payments for which you reviewed a Form 1099.**

Do not use this Organizer if you are providing a summary of this self-employed or independent-contractor income and expenses in another format.

This organizer is intended for clients who do not use a bookkeeping service, bookkeeping software, or another method of summarizing self-employed or independent-contractor income and expenses.

If you do not have a summary of self-employed or independent-contractor income and expenses, this organizer is intended to help you gather and summarize the information required for income tax return preparation.

The items included in this organizer are the most common income and expenses of a small business. This list is not exhaustive. Therefore, include expenses or costs on the "Other" boxes by name. Or, attached a list of additional expenses, equipment purchases, or other costs.

Please make a good faith effort to give us a starting point, by providing as much information as possible by using this organizer as a tool to assist you. If you need help summarizing this information, we do offer bookkeeping services if you would prefer us to create financials using the bank deposit or credit statements.

For clients who want a better understanding of how the information they provide affects their taxable income, this organizer provides a simple formula of **(A) Income**, minus **(B) Cost of Goods Sold**, minus **(C) Total Expenses**, minus **(D) Assets Purchased**, equals **Profit** or **Loss** indicated by the numbers you have entered. If that formula gives you a number that does not look reasonable or accurate, you should go back and make sure you included all the income, costs or expenses.



Bopp Financial Services

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Form 1040 - Schedule C Self-Employed Business Organizer

Complete one Form for each Activity/Business and Attach to 1040 Individual Organizer

Owner/Contractor/Sole Proprietor Name: _____

Business (or LLC Name, if any): _____ EIN (if any): _____

Business Industry: _____ Product/Service: _____

If Different for the Business than Listed for the Owner Form 1040: _____

Phone Number: _____ Email Address : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Summarize the Income and Expenses of the Business/Activity OR

If you use a bookkeeping software or service, attach year-end Profit & Loss summary

A. Gross Revenue (aka "Total Sales"; or "Income before Expenses"):

Total A \$ _____

Please attach any Form(s) 1099 you received related to this income.*

* The Gross Revenue listed above must be more than, or equal to, the total of all Form(s) 1099.

Home Office:

Square Ft of Home: # _____

Square Ft of Office: # _____

Annual Utilities: \$ _____

Repairs/Other: \$ _____

*we will get interest & taxes from 1098

B. Manufacturers/Sellers of Inventory Goods:

Beginning Inventory: \$ _____

+ Purchased Materials/Inventory: \$ _____

+ Cost of Labor: \$ _____

- Ending Inventory: \$ _____

= **Cost of Goods Sold (if any)** **Total B** \$ _____

C. Expenses:

Accounting: \$ _____	Interest (loans/cards): \$ _____	Security:** \$ _____
Advertising: \$ _____	Internet/Cable: \$ _____	Supplies (Job) \$ _____
Bank Fees: \$ _____	Janitorial Cleaning: \$ _____	Supplies (office) \$ _____
Business License: \$ _____	Marketing: \$ _____	Taxes:** \$ _____
Business Meals: \$ _____	Materials (job) \$ _____	Telephone: \$ _____
Card Processing: \$ _____	Merchant Services Fees \$ _____	Tools: \$ _____
Cell Phone: \$ _____	Linen/Laundry: \$ _____	Travel: \$ _____
Commissions: \$ _____	Legal Fees: \$ _____	Uniforms: \$ _____
Computer: \$ _____	Office Supplies: \$ _____	Utilities:** \$ _____
Hardware: \$ _____	Payroll: \$ _____	Waste Removal: \$ _____
Software: \$ _____	Payroll Processing Fees: \$ _____	Other (list description) _____
Tech Support: \$ _____	Parking & tolls: \$ _____	1 _____ \$ _____
Website: \$ _____	Postage & Delivery: \$ _____	2 _____ \$ _____
Continuing Ed: \$ _____	Prof Dues/Licenses: \$ _____	3 _____ \$ _____
Consultants: \$ _____	Recruiting: \$ _____	4 _____ \$ _____
Contract Labor: \$ _____	Rent: \$ _____	5 _____ \$ _____
Freight: \$ _____	Building: \$ _____	6 _____ \$ _____
Gifts: \$ _____	Equipment: \$ _____	
Indep Contractor: \$ _____	Repairs & Maintenance:** \$ _____	
Insurance (Not Car): \$ _____	Royalty/Franchise Fees: \$ _____	

Car Mileage:

_____ X Rate \$ _____

****Do not include expenses related to Primary Residence Total Expenses:**

D. Equipment, Leasehold Improvements, or other assets purchased*

Total C \$ _____

Total D \$ _____

*Attach list with Description, Date and Cost of Each

Taxable Profit/Loss:

(\$A - \$B - \$C) \$ _____

EQUIPMENT - ADDITIONAL INFORMATION - QUESTIONS?

***List assets purchased in Current Tax Year with Description, Date and Cost of each.**

Description: _____ Date of Purchase: _____ Cost: \$ _____

Description: _____ Date of Purchase: _____ Cost: \$ _____

Description: _____ Date of Purchase: _____ Cost: \$ _____

Please list any additional information or lists requested above:

Do you have any questions about this the information on this Organizer?
