

Partners Tax & Accounting, LLC

Non-employee Comp or small Business Income (Schedule C) Organizer

Complete one for each Activity/Business and attach to 1040 Organizer

Tax Payer Name: _____ SSN: _____ Year: _____
 Profession/Product: _____ Business EIN (if any): _____
 Business Name (if any): _____
 Address (if different from personal address): _____
 City: _____ State: _____ Zip: _____

Complete below OR if you use bookkeeping software or a bookkeeper, attach Profit & Loss Report

Gross Sales:

Included on 1099-Misc _____ Not included on 1099-MISC _____

Expenses:

Advertising _____ Commissions _____ Contract Labor _____ Depletion _____ Depreciation _____ Employee Benefits _____ Insurance _____ Liability _____ Professional _____ E&O _____ Property _____ Other _____ Interest _____ Mortgage _____ Other Debt _____ Professional Fees _____ Office Expenses _____	Rent _____ Office _____ Equipment _____ Other _____ Repairs/Maintenance _____ Work Supplies _____ Business Taxes/Licenses _____ Travel/Seminars _____ Meals & Entertainment _____ Utilities (not of home) _____ Employee Wages _____ Cell Phone _____ Internet/Cable Access _____ Professional Dues/Licenses _____ Professional Subscriptions _____ Other _____ Other _____
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Work Car Mileage _____
 Car Yr/Make/Model _____
 Also Personal Use: Yes: _____
 No: _____

Did you purchase any equipment or machinery items for use in business with significant cost and useful life of over 1 year?
 Item: _____ Cost: _____
 Item: _____ Cost: _____

Did you pay contract labor over \$600?
 Yes: _____ No: _____
 If Yes, did you send them a 1099?
 Yes: _____ No: _____

Do you sell goods?
 Yes: _____ No: _____
 If yes, complete following:
 Beginning Inventory _____
 Purchases of Inventory _____
 Less: Personally Used _____
 Ending Inventory _____
 Cost of Labor _____
 Materials and Supplies _____

Did you pay for Family Healthcare Coverage from your self-employment income?
 If yes, amount: _____
 (may have also been listed on Itemized Deductions)