



Schedule C Organizer

Tax Year: 2025

Profit or Loss From Business (Sole Proprietorship / Self Employed)

Name(s) shown on return _____ Phone _____
Principal business or profession, including product or service: _____
Business name, if applicable: _____
Employer ID number (EIN), if applicable: _____
Address (if different from home address):
Street Address _____
City _____ State _____ Zip Code _____

Income: Gross Receipts or Sales _____ Returns/Allowances _____

Expenses:

Advertising _____	Legal & professional services _____
Car & truck expenses _____	Office expense _____
Year/Make/Model _____	Pension & profit-sharing plans _____
Miles driven for business _____	Rent/lease (vehicles, machinery & equipment) _____
Miles driven for commuting _____	_____
Miles driven for other _____	Rent/lease (other business property) _____
Date placed in service for business purposes _____	_____
Available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Repairs/Maintenance _____
Do you (or spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplies (not included in cost of goods sold) _____
Commissions & fees _____	Taxes/Licenses _____
Contract labor _____	Travel _____ Deductible meals _____
Employee benefit programs (not including pension & profit-sharing plans) _____	Utilities _____
Insurance (other than health) _____	Wages (less employment credits) _____
Interest _____	Depreciation expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Office? <input type="checkbox"/> Yes <input type="checkbox"/> No

I verify that the information and financial values I have provided on this Schedule C Worksheet are true, accurate and complete, to the best of my knowledge and belief, and that I possess the corresponding receipts and documentation to be retained with my tax records.

We are committed to protecting your Personally Identifiable Information (PII). We offer Client Xchange as our only secure method of submitting your tax forms/documents with PII. We are unable to ensure the security of PII sent via alternative methods and therefore cannot be held responsible for such transmissions.

Signature: _____

Date: _____