



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

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: \_\_\_\_\_