

Central Tax Services

Self Employment Information

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Please complete this organizer before your appointment.

1. Business

Business Name		Tax Year	
Tax ID #		Tax Payer <input type="checkbox"/>	Spouse <input type="checkbox"/>

2. Total Sales

Sales	\$
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3. Cost of Goods

Expense	Amount	Expense	Amount
Inventory at Beginning of Year	\$	Material & Supplies	\$
Purchases	\$	Other	\$
Cost of Items for Personal Use	\$	Other	\$
Cost of Labor	\$	Inventory at End of Year	\$

4. Expenses

Expense	Amount	Expense	Amount
Accounting / Bookkeeping	\$	Miscellaneous	\$
Advertising	\$	Office Expense	\$
Auto Expenses: Gas	\$	Outside Services	\$
Auto Expenses: Insurance	\$	Pension Admin Costs	\$
Auto Expenses: Repairs	\$	Pension Contributions	\$
Auto Expenses: Tires	\$	Parking	\$
Auto Mileage Total	\$	Postage	\$
Auto Mileage Business	\$	Printing	\$
Bank Charges	\$	Rent Expense	\$
Commissions / Fees	\$	Repairs Expense	\$
Contract Labor	\$	Security	\$
Dues & Publications	\$	Supplies Expense	\$
Equipment Rental Expense	\$	Taxes, Other	\$
Health Insurance Interest Expense	\$	Taxes, Payroll	\$
Insurance	\$	Telephone	\$
Interest Expense	\$	Tools & Equipment	\$
Janitorial	\$	Travel Expense	\$
Laundry & Cleaning	\$	Wages (Gross W-2)	\$
Legal & Professional Fees	\$	Uniforms	\$
License & Fees	\$	Utilities	\$
Meals & Entertainment	\$		\$

5. Assets Purchased

Date	Amount	Assets

6. Documentation

Please include copies of quarterly payroll tax returns, and sales tax returns.

7. Questions / Additional Information
