SELF-EMPLOYMENT TAX ORGANIZER

MAIN INFORMATION	
Profession or type of business	
Business name	
Business address City, State, Zip	
Business telephone	
Business start date	

INCOME	
Form 1099(s) including 1099K & 1099-MISC	$
Total cash & checks received	$
Sales tax collected	$
Prizes, incentives, or other job related awards	$
TOTAL GROSS INCOME	$

HEALTH INSURANCE PREMIUMS	
Did you pay health insurance premiums in tax year?	☐ Yes ☐ No
If yes, what dollar amount?	$

ESTIMATED TAX PAYMENTS	
Did you pay estimated tax payments to the IRS or the MN Department of Revenue?	IRS: ☐ Yes ☐ No MN: ☐ Yes ☐ No
If yes, list total estimated tax paid	IRS: $ MN: $

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BUSINESS EXPENSES			
Advertising	$	Overnight travel	$
Commissions and fees	$	Utilities (other than household)	$
Business liability insurance	$	Professional education	$
Interest on business loans or business credit cards	$	Bank charges	$
Legal and professional fees	$	Safety equipment and specialized clothing	$
Office supplies	$	Freight and postage	$
Rent or lease of equipment & property (renting space)	$	Dues and publications	$
Repairs and maintenance of equipment	$	Telephone and long distance (only 2nd line in home is allowed)	$
Other supplies	$	Cell phone – annual charges	$
Business licenses	$	Cell phone – % of business use	%
Sales tax paid to state	$	Other (list item)	$
Business meals	$	Other (list item)	$

EXPENSES: OFFICE IN THE HOME	
Area used for business or storage	Sq. ft.
Total area of house or apartment	Sq. ft.
Yearly rent	$
Mortgage Interest (homeowners)	$
Yearly real estate taxes (homeowners)	$
Annual renter or homeowner insurance premiums	$
Repairs and maintenance	$
Gas and electric	$
Water, sewer, garbage	$
Homeowners only: a) What was the purchase price of home b) What date was the home purchased c) What date was it placed into business use	a) $ b) / / c) / /

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EXPENSES: MAJOR PURCHASES PLUS PREVIOUS YEARS DEPRECIATION		
Item	Month/day/year of purchase	Cost
	/ /	$
	/ /	$
	/ /	$

PRODUCTS SOLD BY DIRECT SELLER	
1. Inventory at the beginning of the year	$
2. Product purchased during the year (less cost of products taken for personal use) List amount here of product taken for personal use $	$
3. Materials and supplies added to product for resale	$
4. Other costs (miscellaneous)	$
5. Add lines 1 through 4	$
6. Inventory at end of year	$
For volunteer tax preparer use Cost of goods sold (subtract line 6 from line 5)	$

VEHICLE INFORMATION		
Month/day/year vehicle was placed into service: _____/_____/_____		
Total business miles:	Commuting miles:	Personal miles:
Parking and tolls: $	Interest paid on car loan: $	
Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
Do you (or spouse) have another vehicle available for personal use?	☐ Yes	☐ No
Do you have evidence to support your deduction?	☐ Yes	☐ No
If yes, is the evidence in writing?	☐ Yes	☐ No
Note: If you are taking the business use of the home deduction, list business and personal miles. If you are **not** taking the business use of the home deduction, list business and commuting miles.		