

McCoy Tax & Accounting, LLC

155 Diplomat Drive

Columbia City, Indiana 46725

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**SCHEDULE C
SELF EMPLOYMENT TAX ORGANIZER
For Tax Year 20__**

MAIN INFORMATION	
Type of Business (Sole Prop., Partnership, etc.)	
Business Name	
Business Address	
Business Telephone	
Business Start Date	
Employer Identification Number (EIN) if you have one	

PART I: INCOME	
From Form 1099(s)	\$
Cash or Checks Received	\$
Sales tax paid by customers	\$
Prizes, awards, gifts received for direct sales of products	\$
Other Income (specify)	\$
TOTAL INCOME	\$

PART II: BUSINESS EXPENSES			
Materials	\$	Taxes and licenses	\$
Advertising	\$	Business meals and entertainment	\$
Contract Labor	\$	Overnight travel costs	\$
Business insurance	\$	Utilities (other than household)	\$
Interest on business loans or credit cards	\$	Telephone & long distance calls	\$
Legal and professional fees	\$	Bank charges	\$
Office supplies	\$	Freight and postage	\$
Rent or lease of equipment	\$	Professional dues and publications	\$
Rent or lease of property	\$	Professional education	\$
Repairs & maintenance of equipment	\$	Other expenses (specify)	\$
Other supplies	\$		
TOTAL EXPENSES			\$

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PART III: VEHICLE INFORMATION	
Month/day/year you began using vehicle for business: _____ - _____ - _____	
Note: Driving to and from your main job is Commuting, not Business.	
Number of business miles driving during the year:	
Number of commuting miles driven during the year:	
Number of personal miles driven during the year:	
Total miles put on the car during the year:	
Do you (or your spouse) have another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the vehicle available for personal use while off-duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support these business miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the evidence written down or documented somehow?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: EXPENSES - OFFICE IN HOME	
Total area of home or apartment	Sq Ft
Area used just for business	Sq Ft
Rent	\$
Mortgage Interest	\$
Real Estate taxes	\$
Renter or homeowner insurance	\$
Repairs and maintenance	\$
Gas and electric	\$
Water and sewer	\$
Date home was purchased	____/____/____
Date you began using your home for business purposes	____/____/____
Purchase price of home	\$ _____
Cost of improvements to home	\$ _____

PART V: EXPENSES – MAJOR PURCHASES OF EQUIPMENT		
New items purchased in current tax year	Date of purchase	Cost
	____/____/____	\$ _____
	____/____/____	\$ _____
	____/____/____	\$ _____
	____/____/____	\$ _____

PART VI: PRODUCTS SOLD BY DIRECT SELLERS	
Inventory at beginning of year	\$ _____
Products purchased during year	\$ _____
Cost of products for personal use	\$ _____
Supplies added to product for resale	\$ _____
Other costs	\$ _____