

SELF-EMPLOYMENT ORGANIZER

Please complete this Self-Employment Organizer before your appointment. Only fill out the section of the Self-Employment Organizer that relates to your specific work activities. You should retain records and supporting documents (such as invoice, receipts, deposit slips, canceled checks, bank statements, credit card statements, etc.) to substantiate your expenses in case of an audit.

PART I – MAIN INFORMATION

Business Name:	
Type of Business:	
Business Address:	
Business Telephone:	
Business Start Date:	
Employer Identification Number	
(if applicable):	

PART II – INCOME INFORMATION

Form 1099-MISC(s):	
Cash or Checks Received:	
Other Income:	
TOTAL GROSS INCOME:	



PART III – BUSINESS EXPENSES

ADVERTISING	\$	TAXES & LICENSES *Include Sales tax paid on supplies and inventory	\$
COMMISSIONS & FEES **Include sales commissions, referral fees, finder's fees, shared commissions, etc.	\$	OVERNIGHT TRAVEL	\$
CONTRACT LABOR	ABOR \$ BUSINESS MEALS **Please list full amount spent but deduction will be limited to 50%, 80%, or 100% depending on type of business		\$
INSURANCE (other than health)	\$	OTHER SUPPLIES	\$
INTEREST **business loans or business credit cards	\$	SALES TAX PAID	\$
LEGAL & PROFESSIONAL SERVICES	\$	SELF-EMPLOYED HEALTH INSURANCE	\$
OFFICE EXPENSES *if you have a business office, this will include utility expenses	\$	WORK CLOTHING *used exclusively on the job	\$
RENT OR LEASE OF EQUIPMENT OR PROPERTY	\$	PROFESSIONAL EDUCATION	\$
	\$	OTHER WORK-RELATED EXPENSES ** Please list	\$
REPAIRS & MAINTENANCE			



PART IV – ADDITIONAL QUESTIONS

(please leave answers blank if inapplicable)

VEHICLE INFORMATION: Please be advised, DABC only does the Standard Mileage Rate and not the actual expenses method; the actual expense method may provide you with a larger deduction.

• Did you use a vehicle for business use? (Please speak with your tax preparer regarding whether your mileage qualifies as "business use")?

•	When did you put your vehicle in business use (mm/dd/yyyy):	
•	Number of Business Miles Driven During the Year:	
•	Number of Commuting Miles Driven During the Year:	
•	Number of Personal Miles Driven During the Year:	
•	Do you (or your spouse) have another vehicle for personal use (y/n):	
•	Was the vehicle available for personal use while off-duty (y/n):	
•	Do you have evidence to support these business miles (y/n):	
•	If yes, is the evidence written down or otherwise documented (y/n):	

ESTIMATED TAX PAYMENTS:

- Did you make Estimated (Quarterly) Tax Payments to the State or federal government (IRS)?
 - State: \$_____
 - Federal: \$_____

HOME OFFICE:

- Did you have a Home Office?
 - Total Area of Home:
 - Total Area Used Exclusively for Business Use: