

2020 SELF-EMPLOYMENT INCOME ORGANIZER

Who owns this business? _____ Taxpayer _____ Spouse _____ Joint
 (See our Business Organizer if you are an S Corporation or a Partnership)

Business name: _____

Business taxpayer identification number: _____

Business address: _____

COVID-19 INFORMATION	YES	NO
1. Did your business receive Paycheck Protection Program (PPP) funds related to the Covid-19 pandemic? <i>If Yes, please provide details of the amount of funds received. Include a copy of the application and documentation for loan forgiveness response from the bank, if applicable.</i>	_____	_____
2. Did your business receive any other funds/loans/grants (local, state, federal or other) related to the Covid-19 pandemic and economic recovery, such as Economic Injury Disaster Loan (EIDL)? <i>If yes, please provide details.</i>	_____	_____

	YES	NO
1. If you are accrual basis, did you complete a physical count of Inventory at year end in order to verify the balance on hand? Was there any change in determining quantities, costs or valuations between the opening and closing inventory?	_____	_____
2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer.	_____	_____
5. Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost.	_____	_____
6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.	_____	_____
7. Was this business still in operation at the end of the year?	_____	_____
8. Did you have any payments to a vendor that would require you to file Form(s) 1099-NEC or 1099-MISC? <i>(Please refer to the "Resources: Bulletin Board" tab on our website for information on the Filing Requirements for 2020 Form 1099-NEC and 1099-MISC.)</i> If, yes, did you file the forms as required?	_____	_____
If you did, please provide copies of Forms 1099 and 1096 that were sent to the IRS.	_____	_____

Financials and Related Information

Please provide us with a backup copy of your QuickBooks or Peachtree file, if you use these software packages.

If not, then please provide us with a general ledger, trial balance, balance sheet and profit & loss statement or A summary of the financial activity in the business.

If you use a password on your files, please provide the **Password:** _____

If you do not have the financial information in the format outlined above please complete the following worksheet. Complete a separate schedule for each business.

INCOME AND EXPENSES for Self-Employment (Schedule C)

Description	Amount
INCOME- Please provide all Form's 1099 that you received.	
Income Received	
Returns and allowances	
Other income (List type and amount.)	
Part II - Cost of Goods Sold	
Purchases	
Supplies	
Other Costs	
Part III – Expenses	
Advertising: Promo ,Website costs, etc.	
Commissions and fees	
Subcontractors – See 1099 question above	
Equipment Purchases (Please provide invoices of items > \$2,500 per item)	
Employee retirement contribution (other than owner)	
Self employed owner:	
a. Health insurance premiums	
b. Retirement contribution and type of plan	
c. Life Insurance	
Insurance for the business (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other (other non-bank and credit card)	
Legal and professional services	
Office expense	
Rent or lease:	
a. Machinery and equipment	
b. Real Estate or Other business property (See 1099 question above)	

Description	Amount
Repairs and maintenance	
Supplies	
Taxes (Not including payroll taxes) – Please provide Sales tax reports if applicable.	
Travel & Meals	
a. Travel (Airfare, lodging – not food or auto)	
b. Meals (Business meals with others)	
Utilities	
Wages (Enclose copies of Forms W-3 & W-2, and a Payroll Summary, if available.)	
Other expenses (List type and amount.)	

COMMENTS: _____

AUTO EXPENSES

Automobile Expenses - Complete a separate schedule for each vehicle.

COMPLETE BELOW IF CLAIMING STANDARD MILEAGE RATE:

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
Parking and Tolls	_____		
Interest Expenses	_____		
Registration & excise tax	_____		

COMPLETE BELOW IF CLAIMING ACTUAL EXPENSES

Gas	_____	Interest	_____
Repairs and Maintenance	_____	Parking and Tolls	_____
Insurance	_____	Other expenses	_____
Lease Cost	_____		_____
Registration & excise tax	_____		_____

Did you acquire, lease or dispose of a vehicle used for business during this year? Yes _____ No _____

If yes, enclose the purchase and sales agreement or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes _____ No _____

If yes, enter the number of months _____

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business Percentage

I. DEPRECIATION (if information has not been previously provided to Worthing & Going, PA)

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase Price					
Improvements (Provide details)					

II. EXPENSES TO BE PRORATED:

Mortgage interest	_____
Real estate taxes	_____
Utilities	_____
Property insurance	_____
Other expenses - itemize	_____

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone	_____
Maintenance	_____
Other expenses - itemize	_____

