



Sole Proprietor (2022 Tax Year)  
(Schedule C-Self Employed & Forms 1099s)

QuickBooks Password \_\_\_\_\_

Use a separate organizer for each business

**Sole Proprietor General Information**

Name of sole proprietor \_\_\_\_\_

Business name LLC or Dba (if different) \_\_\_\_\_

Phone: \_\_\_\_\_ EIN: (if applicable) \_\_\_\_\_

Business address (if different from home address) \_\_\_\_\_

Principal business activity \_\_\_\_\_ Date business started \_\_\_\_\_

Principal product or service \_\_\_\_\_ Date business closed \_\_\_\_\_

- Yes No Was the primary purpose of the business to realize a profit?
- Yes No Did you materially participate in the operation of this business?
- Yes No Has the business reported any losses in prior years?

Accounting Method: Cash or Accrual

Calendar year: Yes No or Fiscal Year \_\_\_\_\_

**Sole Proprietor Specific Questions**

- Yes No Did you pay any family members for services?
- Yes No Did the business pay \$600 or more to any company or individual?  
If yes, include a copy of Forms 1099-MISC/NEC for each.

NOTE: Requirements to issue a 1099 to companies and/or individuals is provided in IRS instructions for 1099s. Amounts paid with a credit/debit card are not required. Typically, payments made by cash, check, billpay, or certain paypal VENMO, Cash APP, and other online systems will require a 1099 to be issued for services, repairs, legal, labor, rent, insurance (if paid to the insurance agent and not the underwrite), etc.

- Yes No Did you make, or do you plan to make, any contributions to a self-employed retirement plan?  
Type of Business plan \_\_\_\_\_ Amount contributed \_\_\_\_\_
- Yes No Did you pay for your own health / dental insurance? If yes, provide premiums paid.
- Yes No Did you have any employees?
- Yes No Did you have any bartering transactions in 2022?

**COVID-19 Related (Still applies to 2022 ERC, EIDL and 2022 PPP forgiveness)**

- Yes No Did you receive the PPP Loan and request forgiveness in 2022? (provide forgiveness docs)
- Yes No Did you receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?
- Yes No Did you delay payment of employer payroll taxes?
- Yes No Did you receive the Employee Retention Credit (ERC)?



Client Name: \_\_\_\_\_

**Travel Expenses**

**Meals.** You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location.

**Travel/Lodging.** You can deduct the ordinary and necessary expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc.

| City / State visited | Date departed | Date returned | Lodging | Actual Meal Cost | Airfare | Car Rental |
|----------------------|---------------|---------------|---------|------------------|---------|------------|
|                      |               |               |         |                  |         |            |
|                      |               |               |         |                  |         |            |
|                      |               |               |         |                  |         |            |
|                      |               |               |         |                  |         |            |
|                      |               |               |         |                  |         |            |

**Equipment / Asset Purchases - Enter the following information for assets purchased that have a useful life greater than one year.**

| Asset | Date purchased | Cost | Date placed in service | New or used? | Sold? |
|-------|----------------|------|------------------------|--------------|-------|
|       |                |      |                        |              |       |
|       |                |      |                        |              |       |
|       |                |      |                        |              |       |
|       |                |      |                        |              |       |
|       |                |      |                        |              |       |

**Other Business Expenses - List out type and expense amount**

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |

| Assets Sold or Disposed of During the year | Sale Date | Selling Price |
|--|-----------|---------------|
|  |           | \$            |
|  |           | \$            |
|  |           | \$            |
|  |           | \$            |

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Client Name \_\_\_\_\_

**IRS INFORMATION REQUIREMENTS FOR BUSINESS USE VEHICLES  
USE THIS WORKSHEET FOR BUSINESS OWNED VEHICLES OR PERSONAL VEHICLES USED FOR BUSINESS**

Please complete for each vehicle used in the business. If you have more than 3, then please use multiple pages of this form.

**Vehicle 1:** Is the vehicle owned (Titled) in business name or personal name? \_\_\_\_\_

|   |           |                                  |           |
|---|-----------|----------------------------------|-----------|
| Year and model of vehicle                                   | _____     | Commuting mileage                | _____     |
| Purchase Price  | _____     | Business mileage                 | _____     |
| Purchase Date   | _____     | Date first used for business     | _____     |
| Beginning Odometer (January 1 <sup>st</sup> )               | _____     | Interest paid on vehicle         | _____     |
| Ending Odometer (December 31 <sup>st</sup> )                | _____     | Parking/tolls                    | _____     |
| Total Miles put on car during the year (Ending - Beginning) | _____     | Gas / Repairs & Maintenance      | _____     |
| Own or lease  | _____     | Insurance                        | _____     |
| Do you have evidence to support your deduction?             | yes    no | If yes, is the evidence written? | yes    no |

If claimed Actual expenses previously, please provide depreciation and expense details for prior years.

**Vehicle 2:** Is the vehicle owned (Titled) in business name or personal name? \_\_\_\_\_

|   |           |                                  |           |
|---|-----------|----------------------------------|-----------|
| Year and model of vehicle                                   | _____     | Commuting mileage                | _____     |
| Purchase Price  | _____     | Business mileage                 | _____     |
| Purchase Date   | _____     | Date first used for business     | _____     |
| Beginning Odometer (January 1 <sup>st</sup> )               | _____     | Interest paid on vehicle         | _____     |
| Ending Odometer (December 31 <sup>st</sup> )                | _____     | Parking/tolls                    | _____     |
| Total Miles put on car during the year (Ending - Beginning) | _____     | Gas / Repairs & Maintenance      | _____     |
| Own or lease  | _____     | Insurance                        | _____     |
| Do you have evidence to support your deduction?             | yes    no | If yes, is the evidence written? | yes    no |

If claimed Actual expenses previously, please provide depreciation and expense details for prior years.

**Vehicle 3:** Is the vehicle owned (Titled) in business name or personal name? \_\_\_\_\_

|   |           |                                  |           |
|---|-----------|----------------------------------|-----------|
| Year and model of vehicle                                   | _____     | Commuting mileage                | _____     |
| Purchase Price  | _____     | Business mileage                 | _____     |
| Purchase Date   | _____     | Date first used for business     | _____     |
| Beginning Odometer (January 1 <sup>st</sup> )               | _____     | Interest paid on vehicle         | _____     |
| Ending Odometer (December 31 <sup>st</sup> )                | _____     | Parking/tolls                    | _____     |
| Total Miles put on car during the year (Ending - Beginning) | _____     | Gas / Repairs & Maintenance      | _____     |
| Own or lease  | _____     | Insurance                        | _____     |
| Do you have evidence to support your deduction?             | yes    no | If yes, is the evidence written? | yes    no |

If claimed Actual expenses previously, please provide depreciation and expense details for prior years.

# HOME OFFICE WORKSHEET

Client Name \_\_\_\_\_ Location of Office \_\_\_\_\_

**NOTE:** The Home Office Deduction is no longer allowed for W2 employees as an itemized deduction. This worksheet is for self-employed individuals only.

Please answer the following questions.

- |   |     |      |
|---|-----|------|
| 1. Do you have a separate dedicated office space in your home?                          | Yes | No   |
| 2. Is the Office used " <b>Exclusively</b> " AND " <b>Regularly</b> " for the business? | Yes | No   |
| 3. Please complete the following for each office you had during the year.               |     |      |
| a. Date first used this specific office space for business.                             |     |      |
| b. Date stopped using this specific office for business (if still using - enter 12/31)  |     |      |
| c. Square footage of entire House/Apartment.  |     |      |
| d. Square footage of office space used for the business.                                |     |      |
| e. Do you own the home or rent?   | Own | Rent |

Beginning in 2013, you may elect to use the IRS Simplified Home Office deduction

If you choose the Simplified method, the deduction is a Flat \$5 per square foot of office space (maximum of 300 sq ft office or total of \$1500). No home depreciation or recapture is required.

Would you like to use the Simplified Method. If Yes, stop here. If no, continue. Yes      No

f. Expenses (please enter 100% of expenses for the entire home/apt)

If partial-year, then enter the total expense for the period of specific office use.

For example, if moved in Feb 1st and had business office in new residence, then enter only 11 months of expenses for the new office. Any prior office, if qualified would be entered on separate sheet for the 1 month. This is necessary since the house and office square footage would be different as well as the monthly expenses.

Enter actual amounts paid, not "escrowed" during the year.

|                                  |  |
|----------------------------------|--|
| Rent                             |  |
| Mortgage Interest (not payments) |  |
| Real Estate Taxes                |  |
| Home or Renters Insurance        |  |
| Utilities (not phone)            |  |
| Repairs and Maintenance          |  |
| HOA Dues                         |  |
| Internet                         |  |
| Other expenses (please explain)  |  |
|                                  |  |
|                                  |  |
|                                  |  |

If you own your home, please provide the following:

Original Purchase documents \_\_\_\_\_

Value of home when first used for Home Office (as of date from 3a. above)