



Sole Proprietor (2023 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 :

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? If yes, provide copies of all Form 941s, Form 940, TWC W2s and W3 for the year
- Yes No Did you have any bartering transactions in 2022?

COVID-19 Related (Still applies to 2023 ERC, EIDL and 2023 PPP forgiveness)

- Yes No Did you receive the PPP Loan and request forgiveness in 2023? (provide forgiveness docs)

FINANCIAL INFORMATION:

Client Name: _____

The items below are strictly for business only expenses with no combined personal use. For example, rent and utilities would be for a separate dedicated office space, not for any space in a home. For items that have combined personal and business use, such as cell phone, internet, utilities, please provide the business only portion or for home office, include on the home office worksheet.

Please complete the following. If any expense or purchase does not fit into a specific category, please list it out separately.

Yes No Did you provide access to a QuickBooks file? Password _____

Yes No Are all accounts reconciled through your accounting software?

Yes No Did you have any vehicle expenses? If yes, please complete the vehicle worksheet.

Yes No Do you use a home office for your business? If yes, complete the home office worksheet.

Yes No For any meals, whether business client meals or travel meals, did you keep the proper records, including all of the following: business purpose and relationship, dates, amount, and who attended each meal and location?

If you provided your Profit and Loss and Balance Sheet, provide copies of 1099s and separate out income; but you may skip the expense section below. If you did not provide your financial statements, please provide complete details.

<p>Income: Reported on 1099s 1099-NEC _____</p> <p>(Provide copies of all 1099s) 1099-MISC _____</p> <p>Cash, Checks, other payments _____</p>	<p>Inventory: Beginning balance _____</p> <p>Purchases _____</p> <p>Direct Labor _____</p> <p>Materials and supplies _____</p> <p>Cost of items used personally _____</p> <p>Ending balance _____</p>
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Expenses:

Advertising:	\$ _____
Car and truck: (use worksheet)	worksheet
Commissions:	\$ _____
Contract labor:	\$ _____
Dues:	\$ _____
Finance charges (credit cards):	\$ _____
Insurance: (not health):	\$ _____
Interest on loans (SBA, etc):	\$ _____
Professional fees:	\$ _____
Meals (not travel):	\$ _____
Entertainment:	\$ _____
Office expense:	\$ _____
Other:	\$ _____

Rent: Office	\$ _____
Equipment	\$ _____
Repairs and maintenance:	\$ _____
Supplies:	\$ _____
Telephone: (business only)	\$ _____
Travel: (use worksheet)	worksheet
Please provide list of travel dates by location	
Taxes: Business property	\$ _____
Payroll taxes	\$ _____
Wages: (provide all reports)	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____

Assets: Please list any assets purchased during the year. The next page provides area to list purchases and sales. Please provide separate sheet if you need additional space.

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 (Jan - Jun)	_____
Purchase Date	_____	Business mileage (Jul - Dec)	_____
Beginning Odometer (January 1 st)	_____	Date first used for business	_____
Ending Odometer (December 31 st)	_____	Interest paid on vehicle	_____
Total Miles put on car during the year (Ending - Beginning)	_____	Parking/tolls	_____
Own or lease	_____	Gas / Repairs & Maintenance	_____
		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 (Jan - Jun)	_____
Purchase Date	_____	Business mileage (Jul - Dec)	_____
Beginning Odometer (January 1 st)	_____	Date first used for business	_____
Ending Odometer (December 31 st)	_____	Interest paid on vehicle	_____
Total Miles put on car during the year (Ending - Beginning)	_____	Parking/tolls	_____
Own or lease	_____	Gas / Repairs & Maintenance	_____
		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 (Jan - Jun)	_____
Purchase Date	_____	Business mileage (Jul - Dec)	_____
Beginning Odometer (January 1 st)	_____	Date first used for business	_____
Ending Odometer (December 31 st)	_____	Interest paid on vehicle	_____
Total Miles put on car during the year (Ending - Beginning)	_____	Parking/tolls	_____
Own or lease	_____	Gas / Repairs & Maintenance	_____
		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 " Exclusively " AND " Regularly " 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)