

Sole Proprietor (2024 Tax Year)

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(Schedule C-Self Employed & Forms 1099s)

Use a separate organizer for each business

Sole P	ropri	etor General Information					
Name	of sol	e proprietor					
Busine	ss naı	me LLC or Dba(if different)					
Phone:	! <u>_</u>			EIN: (if applicable)			
Busine	ss ado	dress (if different from home	address)				
Princip	al bu	siness activity		Date business started			
Princip	al pro	oduct or service		Date business closed			
Yes	No	Was the primary purpose of	f the busines	s to realize a profit?			
Yes	No	Did you materially participa	te in the ope	eration of this business?			
Yes	No	Has the business reported a	ny losses in p	prior years?			
Accour	nting	Method: Cash	or	Accrual :			
Sole Pi	roprie	etor Specific Questions					
Yes	No	Did you pay any family members for services?					
Yes	No	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.						
		1099s. Amounts paid with a billpay, or certain paypal VE	a credit/debi NMO, Cash A	companies and/or individuals is provided in IRS instructions for t card are not required. Typically, payments made by cash, check, APP, and other online systems will require a 1099 to be issued for ance (if paid to the insurance agent and not the underwrite), etc.			
Yes	No	Did you make, or do you pl	an to make,	any contributions to a self-employed retirement plan?			
		Type of Business plan		Amount contributed			
Yes	No	Did you pay for your own h	ealth / denta	al 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	during the year?			

If Steadman Tax Services provides your regular monthly bookkeeping services, you will need to answer the questions on the next page, but can skip the income and expenses section, and proceed to page 3, vehicle expenses.

Otherwise we will need the financial statements of fully reconciled accounting statements. Reconciled accounts, means the software transactions have been physically matched to the paper bank statement on a monthly basis and not just imported automatically such as QB Connect. QB oftens misses or duplicates transactions and the only way this is caught is if monthly reconcilations occur with the physical bank statement.

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, etc., 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** 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 Yes No Do you use a home office for your business? If yes, complete the home office worksheet. No For any meals, whether business client meals or travel meals, did you keep the proper records, including Yes all of the following: business purpose and relationship, dates, amount, and who attended each meal and location? Yes No Does your company have inventory? If yes, please complete the inventory section below. 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. **Income:** Reported on 1099s 1099-NEC **Inventory:** Beginning balance (Provide copies of all 1099s)1099-MISC $\,^{\mbox{\ensuremath{\$}}}$ (COGS) \$ Purchases \$ Cash, Checks, other payments Direct Labor \$ Materials and supplies Cost of items used personally **Ending balance Expenses:** Advertising: Rent: Office Car and truck: (use worksheet) Equipment worksheet Commissions: Repairs and maintenance: \$ Contract labor: \$ Supplies: Telephone: (business only) Dues: Finance charges (credit cards): \$ (use worksheet) Travel: worksheet Insurance: (not health): \$ Please provide list of travel dates by location Interest on loans (SBA, etc): Taxes: **Business property** Professional fees: \$ Payroll taxes \$

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.

Wages: (provide all reports)

Other:

Other:

Other:

\$

\$

Meals (not travel):

Entertainment:

Office expense:

Other:

\$

\$ \$

\$

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.			ne ho	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	
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Equipment / Asset Purchases	_ Enter the following	ng information	for	assets purch	assed that have a	usoful life	greater	
than one year.	s - Litter the followi	ing initormation	101	assets purci	iaseu tiiat iiave a	a userui iiie	gieatei	
					Date placed	New or		
Asset		Date purcha	ased	Cost	in service	used?	Sold?	
						_		
Other Business Expenses - Lis	st out type and expe	ense amount						
						\$		
						\$		
						\$		
						\$		
Assets Sold or Disposed of During the year					Sale Date	Selling Pr	ice	
						\$		
						\$		
						\$		
						\$		
Disposition of Property. A di	sposition of propert	y occurs when	you	sell property	y for cash or othe		, you	
exchange property for other I				•				
forecloses or renossesses voi	ir nronerty or your	nronarty is dam	າລດວ	a destroyer	n ar stalen and v	OU PACAINA	nronerty	

Client Name:

or money in payment.

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 busine	ess name	or personal n	ame?		
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 dep	oreciation	and expense	e details for prior years.		
Vehicle 2: Is the vehicle owned (Titled) in busines	s name o	r personal na	me?		_
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 dep	oreciation	and expense	e details for prior years.		
Vehicle 3: Is the vehicle owned (Titled) in busines	s name o	r personal na	me?		_
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 dep	oreciation	and expense	e details for prior years.		

HOME OFFICE WORKSHEET

Client Name	Location of Office		
NOTE: The Home Office for self-employed indivi	•	n. This worksh	neet is
1. Do you have a separ	ate dedicated office space in your home?	Yes	No
2. Is the Office used <u>"E</u>	xclusively" AND "Regularly" for the business?	Yes	No
•	following for each office you had during the year. his specific office space for business.		
b. Date stopped us	ing 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		
•	ified method, the deduction is a Flat \$5 per square foot of office space office or total of \$1500). No home depreciation or recapture is required.		
Would you like to use t	he 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		,	
	Internet Other expenses (please explain)		
Original Pur	r home, please provide the following: chase documents me when first used for Home Office (as of date from 3a. above)		