

2020 SELF-EMPLOYED & BUSINESS ORGANIZER

YOUR NAME _____

DESCRIBE YOUR PRODUCT OR SERVICE _____ BUSINESS NAME _____

IMPORTANT NOTE: AMOUNTS ENTERED HERE SHOULD NOT BE LISTED ON ANY OTHER ORGANIZER!

Have you reviewed the depreciation schedule included in last year's tax return to be sure you still own the assets shown on it? **YES NO**

Did you make any payments for which you are required to file Form 1099? **YES NO**

GROSS RECEIPTS/SALES FOR YEAR _____ **INCOME** \$ _____
(SEND DETAILS IF INCOME IS FROM MORE THAN ONE SOURCE) Do NOT include your W-2 wage income, partnership income, sales tax collected, interest income, or sales of used equipment. Wage income: send Form W-2. Interest income: send Form 1099. Partnership: send K-1. Sales of used equipment: Send SALE ORGANIZER.

BWC REFUNDS RECEIVED \$ _____ IS THIS AMOUNT INCLUDED IN INCOME ABOVE? **YES NO**

If you have enclosed any Forms 1099-MISC, is the income included in your sales amount above (circle one)? **YES NO**

COST OF GOODS SOLD Beginning inventory (on hand January 1 at YOUR cost, NOT retail value) \$ _____

Cost of merchandise purchased for resale (less personal use) \$ _____

Cost of materials/supplies for construction or manufacturing businesses \$ _____

Cost of non-employee labor/subcontract/sublet \$ _____

Ending inventory (unsold on December 31 at YOUR cost, NOT retail value) \$ _____

OPERATING EXPENSES (Do not enter car, pickup, or home office expenses here. See reverse.)

_____ Advertising & promotional expense _____ Phone, business line *Circle one* CELL LANDLINE

SEE REVERSE _____ Car and pickup expenses _____ Phone, other line *Circle one* CELL LANDLINE

_____ Local transportation & taxi _____ Electricity/fuel at business location
(not home office)

_____ Employee benefit program _____ Heat at business location
(include occasional meals, picnics, small gifts) (not home office)

_____ Insurance for business _____ Wages for employees (on payroll)
(not house, car, pickup)

_____ **NEW:** Health coverage for your family _____ Bank service charges, fees
(insurance or sharing ministry)

_____ Mortgage interest for business _____ Laundry and cleaning
(must enclose Form 1098)

_____ Other interest for business _____ Meals for **overnight** business trips only

_____ Accounting, tax return filing _____ Travel tickets for business trips (air, etc.)

_____ Office supplies and expenses _____ Motels for business trips

_____ Rent for equipment _____ Days gone on overnight business trips

_____ Rent for business building _____ Other (describe _____)

_____ Repairs, building and equipment _____ Other (describe _____)
(not car/pickup)

_____ Supplies (include tools under \$2,500; _____ Other (describe _____)
Tools over \$2,500 report on Purchase Organizer)

_____ Real estate tax for business property _____ Other (describe _____)

_____ Ohio Commercial Activity Tax (CAT) _____ Other (describe _____)

_____ Payroll taxes _____ Other (describe _____)

_____ Other taxes and licenses (Do not include income tax or sales tax)

2020 BUSINESS USE OF CAR/PICKUP/HOME

AMOUNTS ENTERED HERE SHOULD NOT BE LISTED ON ANY OTHER ORGANIZER!

IMPORTANT NOTES:

- **MILEAGE, DATE-OF-PURCHASE, AND INTEREST INFORMATION ARE NEEDED FOR ALL VEHICLES WITH BUSINESS USE.**
- OPERATING EXPENSE AND PURCHASE PRICE ARE NEEDED **ONLY** FOR VEHICLES FOR WHICH YOUR DEDUCTION WILL BE CALCULATED USING THE ACTUAL-EXPENSE METHOD.

VEHICLE #1

Year/make/model	_____	GVW _____ POUNDS
Date of purchase/lease	_____ (required)	IF SOLD, DATE _____ \$ _____
Total purchase/lease price	_____ (include sales tax)	WAS VEHICLE TRADED IN? YES NO
Business mileage	_____ (required)	
Personal mileage	_____ (required)	END ODOMETER _____
2020 TOTAL MILEAGE	_____ miles	BEG ODOMETER _____
Operating expenses, including fuel, oil, repairs, tires, insurance, license	\$ _____	If leased, total payments made in 2020 \$ _____
Interest paid on loan	\$ _____ (required for all business use vehicles)	

VEHICLE #2

Year/make/model	_____	GVW _____ POUNDS
Date of purchase/lease	_____ (required)	IF SOLD, DATE _____ \$ _____
Total purchase/lease price	_____ (include sales tax)	WAS VEHICLE TRADED IN? YES NO
Business mileage	_____ (required)	
Personal mileage	_____ (required)	END ODOMETER _____
2020 TOTAL MILEAGE	_____ miles	BEG ODOMETER _____
Operating expenses, including fuel, oil, repairs, tires, insurance, license	\$ _____	If leased, total payments made in 2020 \$ _____
Interest paid on loan	\$ _____ (required for all business use vehicles)	

HOME OFFICE DEDUCTION (All of the following information must be furnished to compute the deduction.)

Is office area used regularly and exclusively for business? ___ Yes ___ No

Is this the only space available for office duties? ___ Yes ___ No

IF THE ANSWER TO EITHER QUESTION IS "NO," THE HOME OFFICE DEDUCTION IS NOT ALLOWED.

Total \$\$\$ invested in home & lot	\$ _____	Cost of land (include in total at left)	\$ _____
Square feet of the home office area	_____ sq. ft.	Date of occupancy	_____
Total sq. feet of heated area of home	_____ sq. ft.	Rent pd for the year	\$ _____
Real estate tax	\$ _____	Electric	\$ _____
Mortgage interest	\$ _____	Heat	\$ _____
Insurance	\$ _____	Water	\$ _____
Lawn care	\$ _____	Trash	\$ _____
		Repairs	\$ _____
		Cing, mtn	\$ _____