

# 2024 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.

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

If you have enclosed any Forms 1099-NEC or 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, if included above, 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)

\_\_\_\_\_ Health insurance (NOT sharing \_\_\_\_\_ Bank service charges, fees  
ministry) for you and your family

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

\_\_\_\_\_ Other interest paid (send detail) \_\_\_\_\_ Meals for **overnight** business trips only

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

\_\_\_\_\_ Office supplies and expenses \_\_\_\_\_ Hotels/lodging 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)

## 2024 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 \_\_\_\_\_

2024 **TOTAL MILEAGE** \_\_\_\_\_ miles BEG ODOMETER \_\_\_\_\_

Operating expenses, including fuel, oil, repairs, tires, insurance, license \$ \_\_\_\_\_ If leased, total payments made in 2024 \$ \_\_\_\_\_

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 \_\_\_\_\_

2024 **TOTAL MILEAGE** \_\_\_\_\_ miles BEG ODOMETER \_\_\_\_\_

Operating expenses, including fuel, oil, repairs, tires, insurance, license \$ \_\_\_\_\_ If leased, total payments made in 2024 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_ Trash \$ \_\_\_\_\_

Mortgage interest \$ \_\_\_\_\_ Heat \$ \_\_\_\_\_ Repairs \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Clnng, mtn \$ \_\_\_\_\_

Lawn care \$ \_\_\_\_\_