

Schedule C Organizer

Name of Business _____ Type of Business _____

Address _____ State _____ ZIP _____

TP or SP _____ New Business Y or N _____ W-2 or 1099 Issued Y or N _____

Gross Income _____ Beginning Inventory _____ New Inventory _____

Ending Inventory _____ Cost of Goods Sold _____

Advertising _____ Business Miles _____ Commissions _____

Fees _____ 1099 Labor _____ Employee Ben _____

Insurance _____ Interest _____ Legal Fees _____

Pro Fees _____ Office Expense _____ Office Rent _____

Eq. Rent _____ Leases _____ Repairs _____

Maintenance _____ Prop Tax _____ Other Tax _____

W-2 FICA _____ Medicare _____ MI UIA _____

FUTA Tax _____ WorkComp _____ Supplies _____

Travel _____ Meals _____ Utilities _____

Bus. Phone _____ Cell Ph _____ Wages _____

Shipping _____ Postage _____ Alarm _____

Casual Labor _____ Other _____ Other _____

Other _____ Other _____ Other _____

New Equipment: Item _____ Cost _____

Item _____ Cost _____

Item _____ Cost _____

Item _____ Cost _____

Any Additional Information: _____
