

SELF-EMPLOYED BUSINESS ORGANIZER

Business Name: _____

Description: _____

EIN (if any): _____

Taxable Information:

1. Did you make payments that would require you to file forms 1099? YES or NO
(If yes, please complete a 1099 Request or provide copies)

2. Revenue received from services \$ _____

3. Purchases for resale (cost of goods sold) \$ _____

4. Your cost in ending inventory (available on 12/31) \$ _____

5. Advertising \$ _____

6. Business Liability Insurance \$ _____

7. Fees paid to lawyer/CPA \$ _____

8. Rent Paid for Building \$ _____ Machinery/other \$ _____

9. Repairs & Maintenance (not related to home or auto) \$ _____

10. Office Supplies \$ _____

11. Taxes & Licenses \$ _____

12. Business Travel \$ _____

13. Meals *refer to Meals Information for limitations* \$ _____

All other Meals & Entertainment are not deductible for 2018-2025

14. Auto expenses – Please complete a “Vehicle Recap”.

15. **Other expenses or fixed assets (>\$100):** (Don't use “Misc”, etc.)

	<u>Description:</u>	<u>Total Amount:</u>
a)	_____	\$ _____
b)	_____	\$ _____
c)	_____	\$ _____

Note:

- All Arizona business owners are responsible to post certain posters, report employers to AZ Newhire, E Verify and carry worker's compensation.