

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. Office Supplies \$_____

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

11. Taxes & Licenses \$_____

12. Business Travel \$_____

13. Business Meals & Entertainment \$_____

(Save receipts and memo names in attendance on back w/ business purpose)

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)	_____	\$_____

Questions:

- Are you aware of your responsibility to post certain posters, report to AZ Newhire, E Verify and carry worker's compensation if you are an employer in AZ? Y N