

## 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 new limitations under Meals Information for 2018 \$ \_\_\_\_\_

\*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.