TAX TYME
INCOME TAX PREPARATION & PLANNING

Self-Employed Business Organizer

Income & Expense Worksheet (Schedule C) · one sheet per business

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Enter full-year totals (Jan 1 – Dec 31) for this business only, in whole dollars. Not sure where something goes? Use "Other" and add a note. Please print clearly.

1 THE BUSINESS

Owner name _____ Tax year _____ Business # ___ of ___ (one sheet per business)

Business name (if any) _____ Business EIN (if any) _____ Date business started _____

What does the business do? (product or service) _____ City or township where you work (for Ohio city tax) _____

This year the business: ☐ Started ☐ Closed ☐ Neither **Separate business bank account?** ☐ Yes ☐ No

2 INCOME

	AMOUNT
Sales & receipts — All money received: cash, checks, cards, apps	$
Refunds to customers — Money you gave back (this is subtracted)	$
Other business income — Rebates, prizes, or other business income	$
Income after refunds	$

Received any 1099 forms? ☐ No ☐ Yes (include them in sales above)

3 PRODUCTS (only if you sell or make goods)

	AMOUNT
Inventory at start of year — Value of products on hand January 1	$
Products & materials bought — Items bought to resell or to make products	$
Inventory at end of year — Value on hand December 31 (subtracted)	$
Cost of goods sold	$

4 EXPENSES (business share only)

	AMOUNT
Advertising — Ads, website, business cards, promotions	$
Contract labor — Non-employee workers (list names below)	$
Employee wages — W-2 payroll only	$
Merchant & platform fees — Square, PayPal, Etsy, Uber, card fees	$
Business insurance — Liability, business property (not health)	$
Interest — Business loans and business credit cards	$
Legal & professional — Attorney, bookkeeping, tax prep	$
Office expense — Postage, software, subscriptions, printing	$
Supplies — Items used up in the business	$
Rent: vehicles & equipment — Leased equipment, vehicle lease	$
Rent: office or building — Shop, office, or booth rent	$
Repairs & maintenance — Fixing business equipment or space	$
Taxes & licenses — Business licenses, permits, payroll taxes	$
Travel — Airfare, hotels, parking (not miles)	$
Business meals — Enter the full amount; we apply the limit	$
Utilities — Business space only (home goes in Home office)	$
Phone & internet — Business share only	$
Other: _____ Describe the expense	$
Other: _____ Describe the expense	$
Total expenses	$

5 VEHICLE & HOME OFFICE

Business miles: _____ Total miles: _____ Commute: _____

Mileage log? ☐ Yes ☐ No *Miles to your regular workplace don't count.*

Part of your home used only for business? ☐ Yes ☐ No

Office sq. ft.: _____ Whole home sq. ft.: _____

6 OTHER QUESTIONS

Paid one contractor $2,000+? ($600 for 2025) ☐ No ☐ Yes

Names: _____

Paid by you this year:

Health insurance $ _____ Retirement plan $ _____

Estimated tax payments made for this year:

Federal $ _____ Ohio $ _____ City $ _____

Notes: _____

7 EQUIPMENT & LARGE PURCHASES OVER $2,500

Computers, tools, machinery, furniture, vehicles. Not sure? List it.

DATE BOUGHT	DESCRIPTION	BUSINESS USE %	NEW OR USED	COST
				$
				$
				$

8 SUMMARY & SIGNATURE

Income	Cost of goods	Expenses	Net profit or (loss)
$	$	$	$

I confirm this information is complete and accurate, and I have records to support these amounts.

Signature _____ Date _____ Best phone _____

Send with this sheet: all 1099-NEC, 1099-K & 1099-MISC forms, your mileage log, and receipts for equipment listed in Section 7.