

SBIS, Inc.

Accounting, Tax, and Financial Services

Philip H. Unsworth, EA, MBA, ATA, ABA

Enrolled to Practice Before the IRS

Accredited Tax Advisor (ATA)/Accredited Business Advisor(ABA)

Registered Representative*

1040 Organizer Sole Proprietor Supplement

Dear Valued Client,

Attached please find the additional information needed to prepare your taxes if you have a Self-Employed business. Please complete these pages as completely as possible, ignoring the "Prior Year Amount" column (this will be pre-filled-in next year when you receive your organizer from us). Include this with your regular 1040 organizer information submission.

If you keep your business financial information on computer (QuickBooks, Peachtree, Excel, etc.), and your bank account balance has been reconciled to the bank statements, there is no need to complete this organizer supplement. Instead, please provide a backup copy of the program data and a printout of the trial balance. We'll use that instead of the organizer supplement.

We hope these worksheets will help as a "memory jogger" to help you document all the expenses you are entitled to. As always, if you are not sure if something is deductible, please document it and let us know we need to discuss it. We'll talk it over with you to be sure.

If you have any questions, please don't hesitate to call 757-375-6900.

Sincerely,



Philip H. Unsworth, EA, MBA, ATA, ABA

IRS Circular 230 Notice

Any US tax advice included in this written or electronic communication was not intended to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed under the Internal Revenue Code or the applicable state or local tax laws.

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*Philip Unsworth, Registered Representative. Securities offered through HD Vest Investment ServicesSM, a non-bank subsidiary of Wells Fargo & Company, Member SIPC, 6333 North State Hwy 161, Fourth Floor, Irving, TX 75038, 972-870-6000

SBIS, Inc. is not a registered broker/dealer or independent investment advisory firm and cannot directly offer investment advice or services.

Name _____

SSN XXX-XX-XXXX _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse Joint

General Information

- 1 Employer Identification Number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- 5 City State Zip

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other -(Specify)
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2007 . . .

Business Income

* Report statutory income as W-2 income.

	Current Year Amount	Prior Year Amount
9 Income reported on 1099 MISC 9		
Gross receipts or sales not reported on Form 1099 or Form W-2		
10		
11		
12		
13		
14 Returns and allowances 14		
15 Other income 15		

Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

	Current Year Amount	Prior Year Amount
18 Inventory at the beginning of year 18		
19 Purchases less cost of items withdrawn for personal use 19		
20 Cost of labor 20		
21 Materials and supplies 21		
22 Other Costs 22		
23 Inventory at end of year 23		

Assets Placed in Service This Year

Description:

	Date Placed In Service	Purchase Amount
A	A	
B	B	
C	C	
D	D	
E	E	
F	F	
G	G	

Name _____

SSN XXX-XX-XXXX _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	
Interest:			
47	Mortgage (paid to banks, etc.)	47	
48	Other	48	
49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	
Rent or Lease:			
52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
57	Other business property rental or lease	57	
58	.....	58	
59	.....	59	
60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	
Travel, Meals, and Entertainment:			
Travel			
63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	
Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/> <input type="checkbox"/>
68	.....	68	
69	.....	69	
70	.....	70	
71	.....	71	
72	Utilities	72	
73	Wages	73	
Other Expenses			
74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	

Name _____

SSN XXX-XX-XXXX _____

Business _____

Vehicle Information (Schedule C)

		Vehicle 5 -		Vehicle 6 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4		0		0
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	..... 10				

		Vehicle 7 -		Vehicle 8 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4		0		0
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	..... 10				

Name _____

SSN XXX-XX-XXXX _____

Business _____

Copy _____

Self-Employed Office in Home Expenses

	Current Year Amount	Prior Year Amount
Area of Home		
1 Area used regularly and exclusively for business, regularly for daycare. 1		
2 Total area of home 2		
Daycare only		
3 Multiply days used for daycare during year by hours used per day 3		
Expenses related to entire home including business portion		
4 Casualty losses 4		
5 Excess mortgage interest 5		
6 Insurance 6		
7 Repairs and maintenance 7		
8 Utilities 8		
9 Other expenses 9		
Additional expenses related to business portion only		
10 Casualty losses 10		
11 Excess mortgage interest 11		
12 Insurance 12		
13 Repairs and maintenance 13		
14 Utilities 14		
15 Other expenses 15		