



## 20-20 Small Business Organizer (Schedule C)

\*\*Please complete one organizer for each activity / business and attach to your Individual Organizer to be uploaded to your client portal.

### General Information

Tax Payer Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Year: \_\_\_\_\_  
 Profession / Product: \_\_\_\_\_  
 Business Code (If you know it) \_\_\_\_\_ Business Tax ID (EIN) \_\_\_\_\_  
 Business name or DBA \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Misc Information

- |  |           |          |
|--|-----------|----------|
| 1. Did you start this business during the year?  | Yes _____ | No _____ |
| 2. Did you close this business during the year?  | Yes _____ | No _____ |
| 3. Did you pay any individuals \$600 or more for contract labor during the year?   | Yes _____ | No _____ |
| 4. If yes, did you send them a 1099?   | Yes _____ | No _____ |
| 5. Did you pay for healthcare coverage from your self-employment income? (may have also been listed on your Itemized Deductions) | Yes _____ | No _____ |
| 6. Is any portion of your investment in this company not at risk (funded by non-recourse loan, etc.)?                            | Yes _____ | No _____ |

### Auto Information

- |   |           |          |
|---|-----------|----------|
| 1. Tell us about any cars you use in your business?                                     | Yes _____ | No _____ |
| If yes:   |           |          |
| 2. Make _____ Model _____ Year _____  |           |          |
| 3. Date placed in service? _____  |           |          |
| 4. Do you or your spouse have another vehicle available for personal use?               | Yes _____ | No _____ |
| 5. Do you have a vehicle available for use during off-duty hours?                       | Yes _____ | No _____ |
| 6. Do you have written evidence to support this deduction you could provide if audited? | Yes _____ | No _____ |

Auto informaton continued

7. Mileage Information

Work mileage \_\_\_\_\_  
 Commute mileage \_\_\_\_\_  
 Other mileage \_\_\_\_\_  
 Total mileage \_\_\_\_\_

8. Vehicle expense information

Gas \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Licenses / taxes \_\_\_\_\_  
 Oil / Maintenance \_\_\_\_\_  
 Parking / tolls \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Other \_\_\_\_\_



**Financial Information**

- 20-20 keeps my books, so I'm done!
- 20-20 does not keep my books, but I keep separate books for this business and will upload the following information to the portal:
  - Trial balance report for the full year
  - Listing of all fixed asset additions with description, date purchased, cost, and whether it was new or used
  - Listing of all fixed asset disposals with description, date of disposal, original cost, and proceeds amount.
- I do not keep separate books for this business and will fill out the financial portion below:

Sales

Sales included on 1099-Misc \_\_\_\_\_  
 Other sales not included on 1099-Misc \_\_\_\_\_  
 Returns and allowances \_\_\_\_\_

Expenses

Advertising _____	Employee wages _____
Commissions _____	Cell phone _____
Contract labor _____	Internet / cable _____
Depletion _____	Professional dues _____
Depreciation _____	Subscriptions _____
Employee benefits _____	Other _____
Insurance _____	Other _____
Interest _____	
Professional fees _____	<u>Inventory</u>
Office expenses _____	Beginning inventory _____
Rent _____	Inventory purchases _____
Repairs and maint _____	Personally used _____
Work supplies _____	Cost of labor _____
Taxes and licenses _____	Materials & supplies _____
Travel _____	Ending inventory _____
Meals / entertainment _____	
Utilities _____	