

INFORMATION ORGANIZER FOR SELF EMPLOYED/CONTRACTORS



Name of Business: _____ **SSN/EIN:** _____

Business Name:
Employer I.D. Number:
Did you "materially participate" in the operation of this business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Did you conduct business in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO

Income

Gross receipts or sales
Other Income

Cost of Goods Sold

Purchases (Less cost of items withdrawn for personal use.)
Cost of labor
Materials and supplies
Other costs

Expenses

Advertising
Car and truck expenses (if not using mileage)
Commissions and fees
Contractor labor
Employee benefit programs
Insurance (other than health)
Mortgage interest (paid to banks, etc.)
Legal and professional services
Office expense
Pension and profit sharing plans
Rent or lease (vehicles, machinery, and equipment)
Rent (other business property) office
Repairs and maintenance
Supplies
Taxes and licenses (including real estate)
Travel
Total meals and entertainment
Utilities
Wages
Other expenses
1.
2.
3.
4.

ATTENTION

1. This tax returns was prepared based totally on the information I furnished Superior Tax. The preparer has no knowledge of the accuracy of such information.
2. I have examined the tax return and acknowledge that the information contained therein is correct. I further acknowledge that if the tax return is not approved for Bank Product, I will immediately, pay Superior Tax for the services rendered. If I fail to make the payments on time, I will be liable for collection and other related cost and charges.
3. I have agreed that in case I change my mind on completing this return with Superior Tax, I will pay for the services rendered.

Signature of Taxpayer _____ Date _____ Signature of Taxpayer _____ Date _____