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SELF-EMPLOYMENT TAX ORGANIZER

ELIGIBILITY

- Total annual household income of < \$35,000 for single filers or <\$55,000 for multiple person returns
- Sole-proprietorships, independent contractors, and single member LLC's only – no corporations, partnerships, or businesses with employees
- No income from rental property, taxi drivers, clergy, or day traders

COLLECT DOCUMENTATION

Organize your income and expense documentation from the past year. Examples:

- Tax documents – such as Form 1099- MISC., Form W-2, a copy of last year's tax return, (bring these documents to your appointment)
- Supporting documentation – such as invoices, receipts, bank and credit card statements, and mileage logs, (you do not need to bring this documentation to your appointment)
- See IRS.gov Self-Employed Individuals Tax Center online for helpful information and tools.

FILL OUT FORM

Use your documentation to complete this form. Preparers will use this information to input the annual totals onto the tax return. The organizer is divided up into different sections; not all will apply to your situation or business. Fill out the parts that do apply to your business. Do not round off; use as an exact amount as you can. The sections are:

- Business income
- Business expenses
- An office in the home
- Major purchases
- Products sold by seller (if you keep inventory)
- Vehicle expenses including mileage

WHAT TO BRING TO THE TAX SITE

- Self-Employment Tax Organizer (SETO) – The organizer must be completed **before** your tax appointment. We cannot prepare tax returns without this completed form.
- Photo ID
- Social Security card(s) or Individual Taxpayer ID Number (ITIN) for each person listed on the return
- Birth date(s) for each person listed on the return
- Wage & earning statements - Form W-2, Form 1099-MISC, any other Form(s) 1099
- Copy of last year's tax returns
- Both spouses must be present to complete and sign the return when married filing jointly.
- Blank or voided check for direct deposit of any refund

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MAIN INFORMATION	
Profession or type of business	
Business name	
Business address City, State, Zip	
Business telephone	
Business start date	

INCOME	
Form 1099(s) including 1099K & 1099-MISC	\$
Total cash & checks received	\$
Sales tax collected	\$
Prizes, incentives, or other job related awards	\$
TOTAL GROSS INCOME	\$

HEALTH INSURANCE PREMIUMS	
Did you pay health insurance premiums in 2017?	Yes No
If yes, what dollar amount?	\$

ESTIMATED TAX PAYMENTS	
Did you pay 2017 estimated tax payments to the IRS or the MN Department of Revenue?	IRS: Yes No MN: Yes No
If yes, list total estimated tax paid	IRS: \$ MN: \$

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BUSINESS EXPENSES			
Advertising	\$	Overnight travel	\$
Commissions and fees	\$	Utilities (other than household)	\$
Business liability insurance	\$	Professional education	\$
Interest on business loans or business credit cards	\$	Bank charges	\$
Legal and professional fees	\$	Safety equipment and specialized clothing	\$
Office supplies	\$	Freight and postage	\$
Rent or lease of equipment & property (renting space)	\$	Dues and publications	\$
Repairs and maintenance of equipment	\$	Telephone and long distance (only 2 nd line in home is allowed)	\$
Other supplies	\$	Cell phone – annual charges	\$
Business licenses	\$	Cell phone – % of business use	%
Sales tax paid to state	\$	Other (list item)	\$
Business meals	\$	Other (list item)	\$

EXPENSES: OFFICE IN THE HOME	
Area used for business or storage	Sq. ft.
Total area of house or apartment	Sq. ft.
Yearly rent	\$
Mortgage Interest (homeowners)	\$
Yearly real estate taxes (homeowners)	\$
Annual renter or homeowner insurance premiums	\$
Repairs and maintenance	\$
Gas and electric	\$
Water, sewer, garbage	\$
Homeowners only: a) What was the purchase price of home b) What date was the home purchased c) What date was it placed into business use	a) \$ b) / / c) / /

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EXPENSES: MAJOR PURCHASES PLUS PREVIOUS YEARS DEPRECIATION		
Item	Month/day/year of purchase	Cost
	/ /	\$
	/ /	\$
	/ /	\$

PRODUCTS SOLD BY DIRECT SELLER	
1. Inventory at the beginning of the year	\$
2. Product purchased during the year (less cost of products taken for personal use) List amount here of product taken for personal use \$	\$
3. Materials and supplies added to product for resale	\$
4. Other costs (miscellaneous)	\$
5. Add lines 1 through 4	\$
6. Inventory at end of year	\$
<i>For volunteer tax preparer use</i> Cost of goods sold (subtract line 6 from line 5)	\$

VEHICLE INFORMATION	
Month/day/year vehicle was placed into service: ____/____/____	
Total business miles:	Commuting miles: Personal miles:
Parking and tolls: \$	Interest paid on car loan: \$
Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (or spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you are taking the business use of the home deduction, list business and personal miles. If you are not taking the business use of the home deduction, list business and commuting miles.	