



## 2011 Tax Organizer

Thank you for choosing StartZone's Business Tax Center to prepare your income tax return. We are honored that you trust us with this important task. Our trained and professionally supervised volunteers are committed to providing you with the highest quality of tax preparation. To help us meet this goal, please read the following information carefully before completing this 2010 Tax Organizer.

- Income guidelines are \$50,000 or less of total household income for the tax year 2010 in order for StartZone Tax Center to complete your return.
- Our volunteers are qualified to prepare self-employment income that can be reported on Schedule C or CEZ. We are unable to assist customers with corporate or limited liability companies (partnership).
- You must complete the 2011 Tax Organizer *before* your appointment. We will *not* prepare your tax return if you are missing any information or documentation.
- All sections of the 2011 Tax Organizer may not apply to your work activities. Complete the sections that best show your income and expenses.
- You must have supporting documentation such as invoices, receipts, deposit slips, canceled checks, check registers, bank and/or credit card statements to prove your expenses. However, you do not need to bring the documents to your appointment.
- Please bring a copy of your 2010 tax return to your appointment, if you have it.
- If you have questions or want to schedule an appointment, please call Nigam Shah at **425-891-5145** or e-mail me at **nshah@highline.edu**

## Schedule C Profit/Loss from Business

Business Name
Business Address
Business start date
Is this the first time filing Schedule C/C-EZ      Yes _____                      No _____

### Part I: Income from Business

Did you increase your business revenue from last year?	Yes _____      No _____
Form 1099(s) Totals	\$
What was the average income reported on Form 1099	\$
Cash or Checks	\$
Other Income	\$
<b>TOTAL GROSS INCOME</b>	\$
Accounting Method	Cash _____                      Accrual _____

### Part II: Expenses

Advertising	\$	Legal & Professional Services	\$
Car & Truck Expense	\$	Bank charges	\$
Contract Labor	\$	Training & development	\$
Employee benefits	\$	Dues and publications	\$
Insurance (Other than Health)	\$	Computer software for business	\$
Interest	\$	Office Expense	\$
Rent or lease of equipment and property	\$	Pension & Profit Sharing	\$
Repairs and maintenance of equipment	\$	Supplies	\$

Miscellaneous	\$	Utilities	\$
Salaries	\$	Other	\$
Payroll & Business Taxes	\$	Other	\$
Travel	\$	Quarterly tax payments to IRS	\$
Meals & Entertainment	\$		
Gifts (limited to \$25 per child per year)	\$		

### Part III - Expenses: Major Purchases Over \$500

Computer, Furniture & Fixtures, Software

New item purchase in current tax year	Date of Purchase	Cost	% used for Business
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		

### Part IV: Expenses: Standard Meal & Snack Rate (If Applicable - Day Care Only)

You can use actual expenses for food purchased and served to eligible children or you can use the Standard Meal & Snack Rate using the chart below. You cannot deduct the cost of food consumed by you or your family.

Eligible children are minor children receiving family daycare in the home. You cannot include children who live in the home where the daycare is provided.

Child 1 (Total served per year)	Child 2 (Total served per year)	Child 3 (Total served per year)
Bkfst ____ x \$1.17 = ____	Bkfst ____ x \$1.17 = ____	Bkfst ____ x \$1.17 = ____
Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____
Lunch ____ x \$2.18 = ____	Lunch ____ x \$2.18 = ____	Lunch ____ x \$2.18 = ____
Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____
Dinner ____ x \$2.18 = ____	Dinner ____ x \$2.18 = ____	Dinner ____ x \$2.18 = ____
Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____	Snack ____ x \$0.65 = ____
<u>Child 4</u>	<u>Child 5</u>	<u>Child 6</u>

(Total served per year)	(Total served per year)	(Total served per year)
Bkfst _____ x \$1.17= _____	Bkfst _____ x \$1.17= _____	Bkfst _____ x \$1.17= _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____
Lunch _____ x \$2.18 _____	Lunch _____ x \$2.18 _____	Lunch _____ x \$2.18= _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____
Dinner _____ x \$2.18 _____	Dinner _____ x \$2.18 _____	Dinner _____ x \$2.18 = _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____
<u>Child 7</u>	<u>Child 8</u>	<u>Child 9</u>
(Total served per year)	(Total served per year)	(Total served per year)
Bkfst _____ x \$1.17= _____	Bkfst _____ x \$1.17= _____	Bkfst _____ x \$1.17= _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____
Lunch _____ x \$2.18 _____	Lunch _____ x \$2.18 _____	Lunch _____ x \$2.18 _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____
Dinner _____ x \$2.18 _____	Dinner _____ x \$2.18 _____	Dinner _____ x \$2.18 _____
Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____	Snack _____ x \$0.65= _____

<b>Part V: Form 8829 - Expenses: Office in Home</b>	
Area used for business	Sq ft
Total area of home or apt	Sq ft
Percentage of home used for business	
Daily start and end time of daycare operations	AM to PM
Number of days daycare was open for the year	\$
Rent	\$
Mortgage interest	\$
Real estate taxes	\$
Renter or homeowner insurance	\$
Repairs, maintenance, pest control	\$
Gas and electric	\$
Water and sewer	\$
If homeowner, date the home was:	
(a) purchased and	(a) _____/_____/_____
(b) placed into business use	(b) _____/_____/_____
(c) Value of Land	(c) _____

<b>Part VI: Vehicle Information</b>
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Month/ day/ year your vehicle was placed in service ____/____/____
Total business miles:
Total commuting miles:
Total personal miles:
Parking and tolls: \$
Do you (or your spouse) have another vehicle for personal use?
Was your vehicle available for personal use during off-duty hours?
Do you have evidence to support your deduction?
If yes, is the evidence written?

<b>Part VII: Miscellaneous</b>		
Did you or your spouse have self-employed health insurance?	Yes _____	No _____