

Organizador para Impuestos -- Resumen de gastos de ingreso por autoempleo Tax Organizer - Self-Employment Income & Expense Summary

Año Fiscal: _____

Nombre y direccion de negcio: _____

Tipo de negocio: _____

| # | Fuentes de Ingreso | ENE | FEB | MAR | ABR | MAY | JUN | JUL | AGO | SEP | OCT | NOV | DEC | TOTAL |
|---|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | |

Solo incluya gastos por los cuales tiene recibos, cheques cancelados o facturas:

| # | GASTOS | ENE | FEB | MAR | ABR | MAY | JUN | JUL | AGO | SEP | OCT | NOV | DEC | TOTAL |
|----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 1 | Anuncios | | | | | | | | | | | | | |
| 3 | Trabajo por contrato | | | | | | | | | | | | | |
| 4 | Equipo comprado | | | | | | | | | | | | | |
| 5 | Equipo rentado | | | | | | | | | | | | | |
| 6 | Aseguranza de Negocio | | | | | | | | | | | | | |
| 7 | Servicios legales y profesionales | | | | | | | | | | | | | |
| 8 | Gastos de Oficina | | | | | | | | | | | | | |
| 10 | Reparaciones y mantenimiento | | | | | | | | | | | | | |
| 11 | Otros materiales | | | | | | | | | | | | | |
| 12 | Impuestos y Licencias | | | | | | | | | | | | | |
| 13 | Gastos de Transporte | | | | | | | | | | | | | |
| 14 | Comida de Negocios (50% de comidas) | | | | | | | | | | | | | |
| 15 | Factura de Telefono (2nda linea solamente) | | | | | | | | | | | | | |
| 16 | Internet | | | | | | | | | | | | | |
| 17 | Otros utilidades | | | | | | | | | | | | | |
| 18 | Otros: | | | | | | | | | | | | | |
| 20 | Otros | | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | |

Yo entiendo que soy responsable de la información proporcionada sobre mis ingresos y gastos de trabajo por cuenta propia.

Firma: _____

Fecha: _____

Tax Organizer - Self-Employment Income & Expense Summary

Tax Year: _____

Name and Address of Business: _____

Type of Business: _____

| # | INCOME Sources | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTALS |
|--------------|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 1 | | | | | | | | | | | | | | 0 |
| 2 | | | | | | | | | | | | | | 0 |
| 3 | | | | | | | | | | | | | | 0 |
| TOTAL | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Only include expenses that you have receipts, cancelled checks or paid invoices for:

| # | EXPENSES | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTALS |
|---------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 1 | Advertising | | | | | | | | | | | | | 0 |
| 2 | Commissions and Fees | | | | | | | | | | | | | 0 |
| 3 | Contract Labor | | | | | | | | | | | | | 0 |
| 4 | Equipment bought | | | | | | | | | | | | | 0 |
| 5 | Equipment rented | | | | | | | | | | | | | 0 |
| 6 | Business insurance | | | | | | | | | | | | | 0 |
| 7 | Legal and professional services | | | | | | | | | | | | | 0 |
| 8 | Office expenses | | | | | | | | | | | | | 0 |
| 9 | Rent (office space) - home office max is \$5/sq ft up to 300 sq ft | | | | | | | | | | | | | 0 |
| 10 | Repairs and maintenance | | | | | | | | | | | | | 0 |
| 11 | Other supplies | | | | | | | | | | | | | 0 |
| 12 | Taxes and licenses | | | | | | | | | | | | | 0 |
| 13 | Travel | | | | | | | | | | | | | 0 |
| 14 | Business meals (50% of meals) | | | | | | | | | | | | | 0 |
| 15 | Phone bills (2nd Phone line only) | | | | | | | | | | | | | 0 |
| 16 | Internet | | | | | | | | | | | | | 0 |
| 17 | Other utilities | | | | | | | | | | | | | 0 |
| 18 | Other: | | | | | | | | | | | | | 0 |
| 19 | Other: | | | | | | | | | | | | | 0 |
| 20 | Other: | | | | | | | | | | | | | 0 |
| TOTALS | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

I understand that I am responsible for the information provided regarding my self-employment income & expenses.

SIGNATURE: _____ **Date:** _____

