VINCENT PASSARIELLO TAX SERVICES

SCHEDULE C. ORGANIZER

Business Information

Name of Business	Employer ID Number (EIN)
Address	
Contact Individual	Phone #
E-mail	Alt. #
Business Activity	Date Business Started
Business Product or Service	Business Code
Method of Accountin (Check One)	ng O Cash O Accrual O Other (Describe):

Manual Profit & Loss

This section is **ONLY** for those business that do not maintain an automated bookkeeping system that provides a profit and loss statement, balance sheet and bank cask reconciliation of the business checking accounts with the ending balance of the year.

Income	Amount	Cost of Good Sold	Amount
Gross Receipts of Sale		Inventory at Beginning of Year	
Returns and Allowances		Purchases	
Cost of Goods Sold		Cost of Labor	
Gross Profit		Other Costs	
Other Income		Inventory at End of Year	

Business Assets Purchases & Improvements								
Date Purchased	Descript	ion	Cost	Date Purchased	Description	Cost		
Business Assets Sales & Dispositions								
Date of Disposition	Descripti	ion	Sales Price	Date of Disposition	Description	Sales Price		
Bank Reconciliation								
Balance at the Beginning of the			Balance at t	he End of the				
tax year:				tax year:				

Expenses						
Business Expenses	Amount	Business Expenses	Amount			
Advertising		Office Expense				
Automobile Expenses		Parking and Tolls				
Bad Debts		Pension Plan Fees				
Commissions and Fees		Publications				
Contract Labor		Rent – Equipment				
Dues and Subscriptions		Rent – Other				
Employee Benefits		Repairs				
Employee Health Care Plans		Seminar & Conferences				
Entertainment & Business Meals		Software				
Equipment – Less than \$100 per item		Supplies				
Equipment - \$100 or more per item		Taxes – Payroll				
Freight (Postage and Shipping)		Taxes – Sales				
Fuel (Gas)		Taxes – Property				
Gifts		Telephone				
Insurance		Transportation (Local)				
Interest – Mortgage		Utilities				
Interest – Other		Wages (W-2)				
Internet Service		Other:				
Legal & Professional		Other:				
Licenses & Permits		Other:				
Lodging		Other:				

*Please list all other expenses not shown on separate page

Taxpayer Certification

I hereby certify that I have accurately and fully, to the best of my knowledge and ability provided Vincent Passariello Tax Services with all the information asked for on the Schedule C. Organizer. I understand that I am responsible for the accuracy of my own return. I agree not to hold Vincent Passariello Tax Services responsible for any errors or omissions made on the return because I withheld information or failed to provide the information necessary to complete the return accurately.

Authorized officer signature

Date