

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		

INCOME

	2003 Amount	2002 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

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EXPENSES

	2003 Amount	2002 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (65%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**If you disposed of any business assets in 2003, please enter date sold, sales price, and expenses of sale.
 For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2003, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

Please enter 2003 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2003 Amount	2002 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

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GENERAL INFORMATION

Occupation, if different from Form 1040.....	<input type="text"/>	
Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2003 Amount	2002 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (65% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner.....	<input type="text"/>	
1=vehicle is available for off-duty personal use.....	<input type="text"/>	
1=no other vehicle is available for personal use.....	<input type="text"/>	
1=no evidence to support your deduction.....	<input type="text"/>	
1=no written evidence to support your deduction.....	<input type="text"/>	
Number of months your job required a vehicle (if not 12 months).....	<input type="text"/>	<input type="text"/>

VEHICLE 1

Description of vehicle.....	<input type="text"/>	
Date placed in service (m/d/y).....	<input type="text"/>	
Total mileage.....	<input type="text"/>	<input type="text"/>
Business mileage.....	<input type="text"/>	<input type="text"/>
Commuting mileage.....	<input type="text"/>	
Average daily round-trip commute.....	<input type="text"/>	<input type="text"/>
Parking fees and tolls (business portion only).....	<input type="text"/>	<input type="text"/>
1=force actual expenses, 2=force standard mileage rate.....	<input type="text"/>	<input type="text"/>
Actual expenses:		
Gasoline, lube, oil.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Tires.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Auto license (other than personal property taxes).....	<input type="text"/>	<input type="text"/>
Personal property taxes (based on car's value).....	<input type="text"/>	<input type="text"/>
Interest (car loan) (for Schedule C, E & F).....	<input type="text"/>	<input type="text"/>
Vehicle rent or lease payments.....	<input type="text"/>	<input type="text"/>
Inclusion amount (enter as positive).....	<input type="text"/>	<input type="text"/>
Value of employer-provided vehicle on Form W-2 (2106).....	<input type="text"/>	<input type="text"/>

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VEHICLE 2

	2003 Amount	2002 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Parking fees and tolls (business portion only)		
1=force actual expenses, 2=force standard mileage rate		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2003

1040

US

Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.

Lined area for providing additional information or supporting details. This section contains approximately 25 horizontal lines for text entry.