

Sole Proprietor Worksheet

Copy and use separate worksheets if more than one business

Name of sole proprietor			
Business name (if different)			
Business address (if different)			
Principal business activity			
Accounting Method	Cash	Accrual	Other (specify)
Did you materially participate in this business?	Yes	No	Was the business started in 2024? Yes No
Do you have inventory that you sell? *if yes	Yes	No	Your Employer Id Number (EIN): _____ Oregon Business Id Number (OBIN): _____

Gross Income		Additional Info	
Returns and allowances (discounts)		Did you manufacture items for resale?	
*Cost of goods sold—inventory costs		Has your business reported losses in prior years?	
Inventory at beginning of year		If yes to prior losses, note the years of losses since 2019	
Purchases (less items for personal use)			
Cost of labor (not paid to yourself)		Are you required to carry an industry specific license?	
Materials and supplies		Please attach a list of the cities and counties in which you provide services/sales. Include a breakdown of:	
Other costs			
Inventory at end of the year		gross income earned in each location	
Other		local taxes paid/filed outside CCTAX	
Did you or your spouse pay for your own health insurance? If yes, how much total in 2024		Do you travel for your business?	
Did you make, or plan to make, contributions to a self-employed retirement plan? If yes, how much?		Do you have employees? *If yes, attach copy of all payroll tax returns and payment history	
Did you pay any individual \$600 or more for contract labor? *if yes, see next question		Does your spouse that participates in the business?	
Did you issue & file 1099 forms?		Other:	
Did you use an area of your home <i>exclusively</i> for business or storage?		Other:	
Was the primary purpose of your business activity to realize a profit?			
Did you pay any family members for services?			
What is your bookkeeping method?			

Equipment Purchases. Enter the following information for assets that will last more than 1 year and cost \$2500 or more.

Asset	Date purchased	Cost	Date placed in service	New or used?

Equipment Sold During Year. Include assets that were depreciated or used a section 179 deduction in the past.

Asset	Date out of service	Date sold	Selling Price	Trade-in?

Business Income/Expenses and Equity

Name

Tax Year

Revenue

Gross Sales/Service Income

--

Other Income (Interest, etc.)

--

Less: Refunds Given

--

Expenses

Advertising

--

Bank Charges

--

Charitable Contributions made by company

--

Commissions paid to others

--

Contract Labor (Subs)

--

Dues and Subscriptions

--

Business Liability Insurance

--

Business loan/credit card Interest

--

Legal and Professional Fees

--

Licenses and Fees

--

Meeting meals with/for customers/vendors

--

Meals with/for staff

--

Miscellaneous

--

Office Expense

--

Payroll Taxes (Employer Portion - ER)

--

Postage

--

Rent Shop/Office

--

Rent: Equipment

--

Repairs and Maintenance: Equipment/Tools

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Supplies *not equipment... see Assets

--

Telephone

--

Tools under \$500

--

Travel - out of town overnight Lodging

--

Travel - out of town overnight Transportation

--

Travel - out of town overnight Meals

--

Utilities

--

Wages paid (gross) for employees

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Do not list vehicle expenses or home office and/or shop related expenses on this page

Accounts

Account Name	Balance Jan 1st	Balance Dec 31st
Cash		
Checking:		
Savings:		
Other:		
Other:		
Other:		
Other:		

Loans/Line of Credit/Credit Cards (include vehicle loans, etc.)	Balance Jan 1st	Balance Dec 31st
#1:		
#2:		
#3:		
#4:		
#5:		
#6:		