# Tax Organizer—Direct Sellers

Name: _____ Tax Year: _____

Principal Business/Product Sold: _____

Business Name and Address (if different than residence): _____

_____

Date Business Started (if started this year): _____

Did you pay any individuals or other noncorporate service providers $600 or more during the year? _____

Did you make direct sales of at least $5,000 of consumer products to a buyer for resale anywhere other than a permanent retail establishment? _____

## Part 1—Inventory (at your cost)

| | |
|---|---|
| Inventory at Beginning of the Year (Should match "Cost of Inventory for Sale at Year-End" from last year's organizer) | |
| Total Purchases During the Year | |
| Purchase Returns and Allowances | |
| Cost of Items Taken for Personal Use—DO NOT INCLUDE BUSINESS GIFTS | |
| Cost of Inventory for Sale at Year-End | |

## Part 2—Income (attach any Form 1099s received)

| | |
|---|---|
| Total Retail Sales | |
| Commissions Received | |
| Prizes Won | |
| Other Income (attach detail) _____ | |

## Part 3—Deductions

| | |
|---|---|
| Advertising (posters, Yellow Pages, booth rental, retail display products, etc.)[1] | |
| Bad Debts (uncollectable debts if the related sale is included in "Total Retail Sales," above) | |
| Bank Service Charges | |
| Classes, Workshops and Seminars | |
| Commissions Paid | |
| Demonstrators (not for sale) | |
| Hostess Gifts, Flowers | |
| Interest on Business Loans | |
| Magazines, Books, Tapes, Educational Aids | |
| Meals and Entertainment | |
| Meeting Room Rent | |
| Membership Fees | |
| Office Supplies | |
| Other Gifts (list recipients and amounts)[1] | |
| Postage | |
| Prizes Given to Customers and other Direct Sellers[1] | |
| Product Replacement Insurance | |
| Professional Fees (legal, tax preparation, accounting, etc.) | |
| Salaries | |
| Sales Aids From the Direct Selling Company | |
| Start-Up Kit (if started this year) | |
| Telephone (long distance for business, cost of separate line used only for business, cell phone, etc.) | |
| Travel for Business Trips (Airfare, Rent Car, Hotel, Meals, Cabs, Tips, Laundry, etc.) | |
| Other Expenses (attach detail) | |

[1] Only include product cost if the cost is not included in "Purchases" in Part 1.

## Part 4—Vehicle Information

| | |
|---|---|
| Vehicle Description: | |
| Odometer Reading at End of Year | |
| Odometer Reading at Beginning of Year | |
| Total Miles Driven for the Year | |
| Total Miles Driven for Direct Selling Business | |

## Part 5—Car Expenses (actual costs for the year)

| | |
|---|---|
| Gas | |
| Insurance | |
| Repairs and Maintenance | |
| Lease Payments | |
| Parking (Business-related only) | |
| Other: _____ | |

## Part 6—Home Office Expenses (must meet certain tests to deduct)

| | |
|---|---|
| Mortgage Interest | |
| Property Taxes | |
| Utilities (not listed in Part 3) | |
| Repairs and Maintenance | |
| Homeowner's Insurance: | |
| Other: _____ | |
| Other: _____ | |

## Part 7—Business Assets Purchased During the Year (such as car, computer, desk, answering machine, etc.)

| Description | Date Acquired | Cost | % Used for Business Purposes |
|---|---|---|---|
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## Part 8—Other Information

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