

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 2025? Yes No

Do you have inventory Yes No Your Employer Id Number (EIN): _____
that you sell? *if yes 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 2020	
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 2025		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?

Name

Tax Year

Business Owner

Social Security Number

Phone Number

Email

Address

City, State, Zip

Percent Ownership

Spouse Owner (for QJV only)

Social Security Number

Phone Number

Email

Address

City, State, Zip

Percent Ownership

Business Owner	
Income Allocated (%)	
Expenses Allocated (%)	
Spouse Owner (for QJV only)	
Income Allocated (%)	
Expenses Allocated (%)	

Tax Year

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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:		