		hedule C Wo			
		•	or Independen		
► IRS requires we					
Business Name (if any)					
Is this your first year in business? $\Box$ Yes $\Box$ No		□ No Fe	deral ID # (if any)_		
Did you make payments requ	iring a Form 10	099? □Yes □No	If 'YES' did you file	e required Form 1	.099? □Yes □No
Total Gross Business Incom	<b>le</b> (not necessa	rily amount shown	1 on 1099's)		\$
<b>Retail Businesses ONLY:</b>	ventory		\$		
Merchandise		dise Purchased for Resale \$		\$	
		oor (Do not include \$'s paid to yourself) \$			
	Materials & S	upplies		\$	
Other Direct Sa		Sales Costs	es Costs \$		
	Ending Inven	tory		\$	
All Businesses:					
Advertising		\$ H	Repairs and Mainte	nance	\$
Commissions and Fees		\$ \$	Supplies (not included above)		\$
Contract Labor (1099's Issued, if app) \$			Real Estate Taxes(I	f paid for busine	ss)\$
Insurance (other than health) \$			Other Taxes (Payro	11)	\$
Health Insurance (for you)		\$ 7			\$
Health Insurance (for your employees) \$		) \$ N			\$
Mortgage Interest (If paid for Business) \$			Jtilities		\$
		-	Wages (W-2's Issue	d)	\$
Professional Fees			Bank and CC Charge	-	\$
Office Expenses			Γools		\$
-		\$ U	Jniforms logo `	YES or NO	\$
			License / Dues		\$
Telephone% used	for business	\$ 0	Other		\$
	e mileage to an	d from home unles	uly–December s your office is in yo		
Question MUST be answ	5		11 0	0	
			ce" written?		
	adings from oi	il changes, repair	invoices, purchas	se and sale docu	
Did you purchase any majo					
Equipment Dat Equipment Dat		Date	Amoun	it	-
Equipment		Date	Amoun	t	_
► Do you have an Office in Yo					
Sq. Ft of Office Sq. Ft of Home Real Estate Taxes \$					
Mortgage Interest / Rent F	Paid \$	HO Insurance \$	S Utilitie	es (Lights and Ga	as) \$
←					>
I certify that I have listed <u>al</u> entered on this workshee		-	ave documentatio	n to back up th	e figures
Printed Name		Signature		Date	

Printed	Name
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