

Schedule C Worksheet

for Self Employed Businesses and/or Independent Contractors

► IRS requires we have on file your own information to support all Schedule C's

IF YOU ARE PROVIDING A PROFIT/LOSS YOU DO NOT NEED TO DUPLICATE INFORMATION

Business Name (if any) _____ **Address** (if any) _____

Is this your first year in business? Yes No Federal ID # (if any) _____

Did you make payments requiring a Form 1099? Yes No If 'YES' did you file required Form 1099? Yes No

Total Gross Business Income (not necessarily amount shown on 1099's) \$ _____

Retail Businesses ONLY:

Beginning Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of labor (Do not include \$'s paid to yourself)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
All Businesses: Ending Inventory	\$ _____

Advertising	\$ _____	Repairs and Maintenance	\$ _____
Commissions and Fees	\$ _____	Supplies (not included above)	\$ _____
Contract Labor (1099's Issued)	\$ _____	Real Estate Taxes (If paid for business)	\$ _____
Insurance (other than health)	\$ _____	Other Taxes (Payroll)	\$ _____
Health Insurance (for you)	\$ _____	Travel (do not include meals)	\$ _____
Health Insurance (for your employees)	\$ _____	Business Meals	\$ _____
Mortgage Interest (If paid for Business)	\$ _____	Business Utilities	\$ _____
Other Interest Paid	\$ _____	Wages (W-2's Issued)	\$ _____
Professional Fees	\$ _____	Bank and CC Charges	\$ _____
Office Expenses	\$ _____	Tools	\$ _____
Rent on Business Property	\$ _____	Uniforms ... logo .. YES or NO	\$ _____
Equipment Rentals	\$ _____	License / Dues	\$ _____
Telephone ___ % used for business	\$ _____	Other (please provide summary)	\$ _____

► Business Mileage _____ (Do not include mileage to and from home unless your office is in your home)

Question MUST be answered >> Do you have "evidence" to support your mileage? . . . Yes No

Question MUST be answered >> If yes above, is the "evidence" written? Yes No

"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS could ask for odometer readings from oil changes, repair invoices, purchase and sale documents.

Please provide Vehicle Expenses: Fuel _____ Insurance _____ Repairs _____ Registration _____

► Did you purchase any major pieces of business equipment? No Yes IF YES list:

Equipment _____	Date _____	Amount _____
Equipment _____	Date _____	Amount _____

► Do you have an Office in Your Home? Yes No IF YES Complete questions below

Sq. Ft of Office _____ Sq. Ft of Home _____ Real Estate Taxes \$ _____
Mortgage Interest / Rent Paid \$ _____ HO Insurance \$ _____ Utilities (Lights and Gas) \$ _____



I certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet. For tax year _____

Printed Name _____ Signature _____ Date _____