

## Schedule C Worksheet

For Self Employed Businesses and/or Independent Contractors

**IRS require we have on file your own information to support all Schedule C's**



Business Name (if any) \_\_\_\_\_ EIN (if any) \_\_\_\_\_

Address: \_\_\_\_\_

		Yes	NO
Is this your first year in business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make payments requiring a Form 1099?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'YES' on previous question, did you file required Form 1099?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Gross Business Income** (not necessarily amount shown on 1099's) \_\_\_\_\_

### Cost of Goods Sold:

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

### All Businesses

Advertising		Supplies (Not included above)	
Commissions and fees		Real Estate taxes (If applicable)	
Contract Labor (1099's Issued, if applicable)		Other Taxes (Payroll)	
Insurance (other than health)		Travel ( no meals included)	
Health Insurance (for you)		Meals & Entertainment	
Health Insurance (for employees)		Utilities	
Mortgage Interest (If paid for business)		Wages (w-2's Issued)	
Other interest Paid		Bank & CC Charges	
Professional Fees		Tools	
Office Expenses		Uniforms (Logo YES of NO ?)	
Rent on Business Property		License / Dues	
Equipment Rentals		Other:	
Telephone _____% used for business		Other:	
Repairs and Maintenance		Total Expenses	
		<b>Net Business Income</b>	

> Business Mileage \_\_\_\_\_ (Do not include mileage to and from home unless your office is home)

**MUST ANSWER >>** Do you have "Evidence" to support your mileage? .....  YES  NO  
 If 'YES' to previous question, is the "evidence" written? .....  YES  NO

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

> Did you purchase any major pieces of equipment? (Please list below if 'YES')  YES  NO

Equipment _____	\$ Amount _____	Date _____	
Equipment _____	\$ Amount _____	Date _____	

> Do you have an Office in your home? (If 'YES' complete questions bellow)  YES  NO

Sq. Ft. of Office Space _____	Sq. Ft. of Home _____	Real Estate Taxes _____
Mortgage Interest / Rent Paid _____	HO Insurance _____	Utilities (Light & 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 \_\_\_\_\_\*\***

Type your full name as Signature \_\_\_\_\_ Date \_\_\_\_\_