Schedule C Worksheet

For Self Employed Businesses and/or Independent Contractors

IRS require we have on file <u>your own information</u> to support all Schedule C's

WSH TAX ACCOUNTANTS BUSINESS CONSULTANTS

Business Name (if any) _____ EIN (if any) _____

Address: _____

	Yes	NO
Is this your first year in business?	☐	☐
Did you make payments requiring a Form 1099?	☐	☐
If 'YES' on previous question, did you file required Form 1099?	☐	☐

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	$ 0.00
		Net Business Income	$ 0.00

> 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 <u>all income, all expenses,</u> and I have documentation to back up the figures entered on this worksheet. **FOR TAX YEAR _____**

Type your full name as Signature _____ Date _____