

**SCHEDULE C WORKSHEET
FOR SELF EMPLOYED BUSINESSES & INDEPENDENT CONTRACTORS**

IRS REQUIRES WE HAVE ON FILE YOUR OWN INFORMATION TO SUPPORT SCHEDULE C

CLIENT/BUSINESS NAME:	
ADDRESS:	
FEDERAL EIN#:	TAX YEAR:

Is this your first year in business? Yes No

Did you make payments requiring a Form 1099? Yes No

If 'Yes' did you file the required Form 1099? Yes No

TOTAL GROSS BUSINESS INCOME (including payments where no 1099 was received)	\$
--	----

Retail Business ONLY:

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

BUSINESS EXPENSES:

Advertising/ Marketing	\$	Other Interest Paid	\$
Bank and Credit Card Charges	\$	Other Taxes (Payroll, Trimet)	\$
Commissions and Fee	\$	Real Estate Taxes (if paid for business)	\$
Contract Labor	\$	Rent on Business Property	\$
Equipment Rentals	\$	Repairs and Maintenance	\$
Health Insurance (For you)	\$	Small Tools (Under \$2,500)	\$
Health Insurance (For your employees)	\$	Supplies	\$
Insurance (Other than health)	\$	Telephone (___ % used for Business)	\$
Internet	\$	Travel (do not include meals)	\$
Legal & Professional Fees	\$	Uniforms	\$
Licenses/Dues	\$	Utilities	\$
Meals	\$	Wages (W2s issued)	\$
Mortgage Interest (if paid for business)	\$	Wages paid to minor children	\$
Office Expenses	\$	Other Expenses (list description)	\$

BUSINESS VEHICLE DESCRIPTION:

Business Mileage	Personal Mileage
------------------	------------------

Do you have evidence to support your mileage? Yes No **If yes, 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.

Did you purchase any major pieces of equipment?(>\$2,500) Yes No 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 or Rent Paid	Home or Renters Insurance	Utilities

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

PRINT NAME _____ SIGNATURE _____ DATE _____