

SCHEDULE C										TAX YEAR							
BUSINESS INCOME & EXPENSE WORKSHEET																	
GENERAL INFORMATION																	
COMPANY																	
Your Business Name						Your Federal Tax ID #											
Your Business Address																	
Is this your first year in business				Yes		No		Year started									
INDEPENDENT WORKERS & 1099'S																	
Did you hire any independent workers?				Yes		No											
Were you required to issue a Form 1099?				Yes		No		I don't know									
If yes, did you file the required Form 1099?				Yes		No											
BUSINESS INCOME & EXPENSES																	
BUSINESS INCOME																	
Total Gross Business Income - <i>If you received ANY 1099's please attach them.</i>										\$							
BUSINESS EXPENSES (ALL BUSINESSES)																	
Auto Expenses		Yes		No		<i>If yes, attach SCHEDULE V - VEHICLE EXPENSE WORKSHEET</i>											
Advertising				\$				Repairs & Maintenance				\$					
Commissions & Fees				\$				Supplies (not included above)				\$					
Contract Labor (1099s issued, if applicable)				\$				Taxes & Licenses				\$					
Employee Benefits				\$				Real Estate Taxes (do not include home office)				\$					
Insurance (non-health)				\$				Travel (do not include meals)				\$					
Health Insurance – Personal				\$				Meals				\$					
Health Insurance – Employees				\$				Utilities (do not include home office utilities)				\$					
Mortgage Interest (other than home loan)				\$				Wages (W-2's issued)				\$					
Interest - Other				\$				Bank & Credit Card Charges				\$					
Legal & Professional Fees				\$				Tools				\$					
Office Expenses				\$				Uniforms		With Logo:		Yes		No		\$	
Pension & Profit Sharing Plans				\$				% Telephone used for business:						%			
Rent of Lease of Building				\$				Other:						\$			
Equipment Rentals				\$				Other:						\$			
RETAIL BUSINESS EXPENSES & INVENTORY (RETAIL BUSINESS ONLY)																	
Beginning Inventory				\$				Ending Inventory				\$					
Merchandise Purchased for Resale				\$				Materials & Supplies				\$					
Cost of Labor (excluding yourself)				\$				Other Direct Sales Costs				\$					
EQUIPMENT																	
BUSINESS EQUIPMENT																	
Did you purchase any major pieces of equipment?						Yes		No		<i>If yes, list below.</i>							
Item A						Date				Amount		\$					
Item B						Date				Amount		\$					

SCHEDULE C BUSINESS INCOME & EXPENSE WORKSHEET (CONTINUED)

HOME OFFICE

OFFICE SPACE

Do you have an office in your home?	Yes	No	If yes, complete the HOME OFFICE EXPENSES section below.
What date did you begin using your home office?			
Office Square Footage		Home Square Footage	

HOME OFFICE EXPENSES

Real Estate Taxes	\$	Mortgage Interest	\$	Home Owners Insurance	\$
Utilities (light and gas)	\$	Rent Paid	\$	Renters Insurance	\$
Internet, Fax, Phone	\$		Other:		\$
Other:	\$		Other:		\$
Other:	\$		Other:		\$

SIGNATURE

I verify that the above information is correct and that I can provide the documentation required to backup these claims.

Printed Name		Signature	
Date			