

SCHEDULE C										TAX YEAR	
BUSINESS INCOME & EXPENSE WORKSHEET											
GENERAL INFORMATION											
COMPANY											
Business Name				Federal Tax ID #							
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>								Total Gross Business Income		\$	
BUSINESS EXPENSES (ALL BUSINESSES)											
Auto Expenses		Yes	No	If yes, attach SCHEDULE V - VEHICLE EXPENSE WORKSHEET							
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	If yes, list below.					
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			