



SCHEDULE C - BUSINESS INCOME

Small Business / Self Employed / 1099 Misc. Income

Client Name: _____

GROSS RECEIPTS / SALES

\$

GENERAL EXPENSES:

Advertising	\$
Accounting / Tax Preparation Fee	\$
Bank Fees	\$
Contract or Sub Labor	\$
Equipment / Small Tools < \$2500	\$
Health Insurance	\$
Insurance: Business Liabilitiv. Etc.	\$
Interest Expense	\$
Internet / DSL	\$
Legal Fees	\$
Licenses & Permits	\$
Office Supplies: Printers, fax, paper, etc.	\$
Phone: Landline (Business Use)	\$
Cell Phone: (Business Use)	\$
Rental / Lease of Office Space	\$
Rental of tools or equipment	\$
Repairs and Maintenance to Business Equipment or Property	\$
Supplies	\$
Shipping, Postage etc.	\$
Taxes & Licenses	\$
Sales Tax Paid	\$
Toll road fees, Transponder, Parking fees	\$
Travel: Air Fare, Lodging, Other (Do not include meals)	\$
Meals & Entertainment	
(meals w/ Clients or overnight 24 hrs)	
Coffee & Snacks for Emp or Clients, waiting Room, etc	
Uniforms: Purchase and Cleaning	\$
Utilities	\$
Purchases of Inventory and items for sale:	\$
Inventory as of 12-31 Year End (Wholesale Cost):	\$

Mileage Expense (Business use **ONLY**- attach **Auto Expense Worksheet**)

*****This document is a summary for tax preparation purposes. It was prepared using MY business records of income and expenses. I attest that it is true, correct and complete.*****

Signature

Date

Spouses Signature (only If business is jointly owned)

Date

AUTO EXPENSE WORKSHEET SHEET

Tax Year: _____

Taxpayer's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____

What is auto used for? - (Check all that apply and then use one sheet for each category below)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Sch C or Sch F | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Meetings/Job Related | <input type="checkbox"/> Job to School | <input type="checkbox"/> Two (2) Jobs |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Tax Prep/Invest | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ | |

- | | | |
|---|----------------------------------|-------------------------------|
| 1. Do you own more than one (1) vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your employer provide the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you reimbursed by your employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If reimbursed, is the payment included in W-2? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are your records written or oral? | <input type="checkbox"/> Written | <input type="checkbox"/> Oral |

VEHICLE INFORMATION

	Vehicle 1	Vehicle 2
Year/make of vehicle	_____	_____
Date placed in service	_____	_____
Date retired or sold	_____	_____
Purchase price	_____	_____
Selling price	_____	_____
Trade-in?	_____	_____
Ending odometer reading for year above	_____	_____
Beginning reading for year above.	_____	_____
Total miles for year above	_____	_____
Business miles for year above	_____	_____
Commuting miles for year above	_____	_____
Personal miles for year above	_____	_____

ACTUAL EXPENSES

Gas & oil	\$ _____	\$ _____
Insurance/auto club	_____	_____
Maintenance and repairs	_____	_____
License (do not include personal property tax)	_____	_____
Wash/wax/misc.	_____	_____
Tires/battery	_____	_____
Vehicle rental	_____	_____
Lease payments	_____	_____
_____	_____	_____
 TOTAL	 \$ _____	 \$ _____

OTHER

Parking/tolls	\$ _____	\$ _____
Miscellaneous _____	_____	_____

