

Schedule C Worksheet

For Self-Employed Business and/or Independent Contractors

The IRS requires that we have on file your own information to support all Schedule C's

Business Name (if any) _____ Address (if any) _____

Is this your first year in business? Yes No Federal ID # (if any) _____

Did you make any payments requiring Form 1099? Yes No If 'Yes,' did you file required Form 1099? Yes No

Total Gross Business Income (this includes 1099's received and non-1099 income): \$ _____

Retail Businesses ONLY:

Beginning Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of Labor (Do NOT include money paid to yourself)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
Ending Inventory	\$ _____

All Businesses:

Advertising	\$ _____	Repairs & Maintenance	\$ _____
Commissions and Fees	\$ _____	Supplies (not included above)	\$ _____
Contract Labor	\$ _____	Real Estate Tax (if paid for business)	\$ _____
Insurance (other than Health)	\$ _____	Other Taxes (payroll)	\$ _____
Health Insurance (for you)	\$ _____	Travel (do not include meals)	\$ _____
Health Insurance (for emp)	\$ _____	Meals & Entertainment	\$ _____
Mortgage Interest (business)	\$ _____	Utilities	\$ _____
Other Interest paid	\$ _____	Wages (W-2s issued)	\$ _____
Professional Fees	\$ _____	Bank & Credit Card Charges	\$ _____
Office Expenses	\$ _____	Tools	\$ _____
Rent on Business Property	\$ _____	Uniforms	\$ _____
Equipment	\$ _____	License/Dues	\$ _____
Telephone _____% used for business	\$ _____	Other	\$ _____
Business Mileage _____	Personal Mileage _____	Total Mileage _____	

Do you have evidence to support your mileage?..... Yes No

If you have evidence to support your mileage, is it written?..... Yes No

"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS may ask for odometer readings from oil changes, repair invoices, purchases and sale documents.

Did you purchase any major pieces of equipment? Yes No If Yes, please list:

Equipment _____ Date _____ Cost \$ _____

Equipment _____ Date _____ Cost \$ _____

Do you have an Office in Your Home? Yes No If Yes, please answer questions below:

Sq. Ft. of Office _____ Sq. Ft. of Home _____ Real Estate Taxes \$ _____

Mortgage Interest/Rent \$ _____ Home Owners/Renters Insurance \$ _____

Utilities \$ _____ Repairs & Maintenance \$ _____ Other \$ _____

I certify that I have listed all income and expenses and I have documentation to back up the figures listed in this worksheet for tax year 20____.



Printed Name: _____ Signature: _____ Date: _____

**TAX
ADVISORS**

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