



Business Income (Schedule C)

Tax Year: _____

Appointment: _____

Remember All of Your Supporting Documents, Including - 1099s

General Information:

Principal Business/Profession: _____

Business Name: _____

Business Address: _____

Accounting Method: _____ Cash or Accrual _____

Income:

Gross Receipts or Sales: _____

Returns or Allowances : _____

Other Income: _____

Cost of Goods Sold:

Inventory at Beginning of the year: _____

Purchases: _____

Inventory at the end of the year: _____

Vehicle Mileage:

Make and Model of Vehicle: _____

Total Yearly Mileage: _____

Total Business Mileage: _____

Depreciable items purchased for business use or rental property:

Item Purchased	New/Used	Date Purchased	Cost (Inc Sales Tax)	Cash to Boot	Item Traded	Date Acquired

Check Last Year's Depreciation Schedule to Ensure All Items are Current.

Expenses:

Accounting: _____

Advertising: _____

Bank Charges: _____

Commissions: _____

Contract Labor: _____

Delivery & Freight: _____

Dues & Subscriptions: _____

Employee Benefit Programs: _____

Insurance (Other than Health): _____

Mortgage Interest (Paid to banks, etc): _____

Janitorial: _____

Laundry & Cleaning: _____

Legal & Professional: _____

Miscellaneous: _____

Office Expense: _____

Outside Services: _____

Parking & Tolls: _____

Pension & Profit Sharing plans - Contributions: _____

Postage: _____

Printing: _____

Rent - Vehicles, Machinery, & Equipment: _____

Rent - other: _____

Repairs: _____

Security: _____

Supplies: _____

Taxes - Real Estate: _____

Taxes - Payroll: _____

Taxes - Sales Tax included in gross receipts: _____

Taxes - Other (not entered elsewhere): _____

Telephone: _____

Tools: _____

Travel: _____

Total Meals in full (50%): _____

Meals Provided by restaurants in full (100%): _____

Uniforms: _____

Utilities: _____

Wages: _____

Other Expenses: _____
