

Schedule C Worksheet

For Self-Employed Business and/or Independent Contractors

➤ **The IRS requires 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 a 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 Taxes (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 and Credit Card Charges	\$ _____
Office Expenses	\$ _____	Tools	\$ _____
Rent on Business Property	\$ _____	Uniforms	\$ _____
Equipment Rentals	\$ _____	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, purchase 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 on this worksheet for tax year _____

Printed Name: _____ **Signature:** _____ **Date:** _____