Profit or Loss From Business								
Schedule C								
Business Name:								
Principal Business or Profession:								
Business Address:								
Employer Tax I.D. Number: (If applicable)								
Miscellaneous:	Yes	<u>No</u>						
Did you pay for your own health insurance (not through employer) at anytime during the year?								
Did you provide health insurance for any employees during the tax year?								
Did you pay anyone other than your employees in excess of \$600 for personal services or rent?								
Did you use an area in your home on a regular and exclusive basis for your business?								
Income:								
Gross Revenue								
Other Income								
Cost of Goods Sold:								
Inventory at Beginning of Year								
Purchases (Less cost of items withdrawn for personal use)								
Cost of Labor								
Materials								
Other Costs								
Other Costs								
Inventory at End of Year								
Expenses:								
Advertising								
Commissions and Fees								
Contract Labor								
Employee Benefit Programs								
Insurance (Other than health or auto insurance)								
Mortgage Interest (Other than personal residence)								
Interest - Other								
Legal and Professional Services								
Office Expense								
Pension and Profit Sharing Plans								
Rent or Lease - Vehicles, Machinery, and Equipment								
Rent - Other								
Repairs and Maintenance (Other than automobile)								
Supplies								
Taxes and Licenses								
Travel								
Meals and Entertainment								
Utilities								
Wages								

Other Expense and Asset Purchases								
Schedule C								
Other Expense:								
Association and Membership Fees								
Bank Charges and Returned Check Fees								
Business Gifts (Made from business to pr	omote business)							
Charitable Contributions (Made from busi	ness to promote I	business	)					
Cleaning and Maintenance								
Credit Card Fees								
Dues and Subscriptions								
Postage and Mailings								
Professional Education								
Safety Equipment								
Seminar Expense								
Small Tools and Equipment								
Web Hosting								
Other -								
Other -								
Cable TV (Business use % if not 100% _	%)							
Internet (Business use % if not 100%	%)							
Telephone (Business use % if not 100% _	%)							
Home Office: Complete if you used an	area of your hor	me on a	regular and exclu	sive basis for your	busines	3.		
Mortgage Interest		Office D	imensions: (If not a	already on file)				
		Square	Square Footage Used for Business					
Home Owners Insurance		Total Square Footage of Home						
Rent	Home Information: (If not		lready on file)					
Repairs and Maintenance		Date you first started using your home office?						
Utilities (Gas, Electric, Water & Garbage)		Current Fair Market Value of Your Home?		of Your Home?				
Security System		Initial Purchase Price of Your Home?						
Other		Cost of Improvements made since purchase?		le since purchase?				
Asset Purchases: Complete if you pure	chased any busi	ness ass	sets during the ve	ar.				
Date	,		Purchase	Business Use %	New c	r Used		
	of Property		Price	(If not 100%)	(Circle	e One)		
	•				New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
					New	Used		
Did you convert any personal use assets to business assets during the year? If yes, provide details.					Yes	No		
Did you sell or otherwise dispose of any business assets during the year? If yes, provide details.			Yes	No				

## **Auto Expense Worksheet** Schedule C **Vehicle Information:** Vehicle #1 Vehicle #2 Vehicle #3 Date Placed Into Service: Vehicle Year: Vehicle Make: Vehicle Model: Mileage Information: Business Miles Driven During the Year Total Miles Driven During the Year Other Auto Related Expense: Auto Loan Interest License Tabs Parking Fees Tolls Actual Expenses: (Only complete if not using the IRS standard mileage rate of 56 cents per mile) Garage Rent Gas Insurance Oil Change Repairs Tires Lease Payments Car Wash Other -Other -Other -Other -Miscellaneous: Do you have another vehicle available for personal use? Yes No Was your vehicle available for use during off-duty hours? Yes No Do you have evidence to support your deduction? No Yes If yes, is the evidence written? Yes No Preparer Use Only: (Only necessary if using Actual Cost Method) Vehicle #1 Vehicle #2 Vehicle #3 **Date Purchased** Purchase Price FMV (If converting from personal to business use) Is Loaded GVW over 6,000 lbs. New or Used