

**BUSINESS (Schedule C and/or E) CHECKLIST:
One Checklist PER Business**

Name of Business: _____
Business Owner(s): _____
Location of Business (Street address): _____
Date Business Started: _____
Date Business Closed (if applicable): _____
Copy of Business/Professional License – provide via email, fax or hand-deliver

I. INCOME/SALES (Check boxes if applicable.)

- 1. 2014 GRT Forms – provide via email, fax or hand-deliver
- 2. Form 1099-MISC – provide via email or fax. Original must be hand-delivered.
- 3. Other (Pls specify) – provide your documentation via email, fax or hand-deliver

II. EXPENSES (Check boxes if applicable. Filling in the figures will assist in quicker tax preparation)

- 1. Advertising \$ _____
- 2. Car & Truck Expenses (make separate list if more than one bus vehicle)
 - A. Description (Yr, Make, Model) of Vehicle _____
 - B. How many months used in TY 2014 _____ mos.
 - C. Business usage percentage _____%
 - D. Cost of Vehicle \$ _____
 - E. Date used (or stopped using) in business _____
 - F. Gas \$ _____
 - G. Repairs & Maintenance \$ _____
 - H. Vehicle registration & safety inspection fees \$ _____
 - I. Insurance \$ _____
 - J. Leased or Car rental \$ _____
- 3. Commissions & Fees \$ _____
- 4. Contract Labor \$ _____
- 5. Insurance \$ _____
- 6. Interest (Loan) \$ _____
- 7. Legal & professional fees \$ _____
- 8. Office Expenses \$ _____
- 9. Rent/Lease \$ _____
- 10. Repairs & Maintenance \$ _____
- 11. Supplies \$ _____
- 12. Taxes & Licenses \$ _____
- 13. Meals & Entertainment \$ _____
- 14. Utilities \$ _____
- 15. Wages \$ _____
- 16. Equipment/Machinery purchased (list date, description, cost) _____
- 17. Other (pls specify) _____

I attest that the information contained in this Checklist is True and Correct to the best of my knowledge:

Signature: _____