

*This form is to assist you in gathering your business-related tax information. Please provide all relevant information.*

**General Business Information**

Business name \_\_\_\_\_  
 SS No. \_\_\_\_\_  
 EIN No. \_\_\_\_\_  
 Business owner \_\_\_\_\_  
 Business phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Accounting method  Cash  Accrual  Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

Gross receipts \_\_\_\_\_  
 Inventory at beginning of the year \$ \_\_\_\_\_  
 Inventory at end of the year \$ \_\_\_\_\_  
 Total expenses \$ \_\_\_\_\_  
 Net income \$ \_\_\_\_\_  
 Did you purchase equipment?  Yes  No  
 Specify \_\_\_\_\_  
 First time filing a Schedule C?  Yes  No  
 Did you use your home in connection with this business?  Yes  No

**General Expenses**

|                                  | Amount | Have receipts (initial) | Have check, credit card statement or documentation |
|----------------------------------|--------|-------------------------|--|
| Advertising                      |        |                         |  |
| Commission                       |        |                         |  |
| Employee benefits program        |        |                         |  |
| Insurance                        |        |                         |  |
| Mortgage interest                |        |                         |  |
| Other interest (except vehicle)  |        |                         |  |
| Legal and professional           |        |                         |  |
| Office expenses                  |        |                         |  |
| Phone                            |        |                         |  |
| Pension and profit sharing plans |        |                         |  |

|                                | Amount | Have receipts (initial) | Have check, credit card statement or documentation |
|--------------------------------|--------|-------------------------|--|
| Vehicle, machinery & equipment |        |                         |  |
| Maintenance                    |        |                         |  |
| Supplies                       |        |                         |  |
| Taxes—real estate              |        |                         |  |
| Taxes—other                    |        |                         |  |
| Travel                         |        |                         |  |
| Total meals and entertainment  |        |                         |  |
| Sub-contract labor             |        |                         |  |
| Wages                          |        |                         |  |
| Other expenses                 |        |                         |  |

**Vehicle Expenses**

Description of vehicle \_\_\_\_\_  
 Cost of vehicle \$ \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Do you have a mileage log or other written records to support your miles driven?  Yes  No  
 Total miles driven \_\_\_\_\_  
 Business miles driven \_\_\_\_\_

Commuting miles \_\_\_\_\_  
 Parking fees and tolls \$ \_\_\_\_\_  
 Gasoline, lube, oil \$ \_\_\_\_\_  
 Tires, repairs \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 License plate fees/property tax \$ \_\_\_\_\_  
 Interest (car loan) \$ \_\_\_\_\_

If there are no expenses for the Schedule C, explain why? \_\_\_\_\_

We prepare the returns from information you furnished us, without verification. Upon examination of the returns by taxing authorities, request may be made for underlying data. We therefore recommend that you preserve all records, which you may be called upon to produce in connection with such an examination.

I certify that the information on this and any other form submitted is complete and correct.

Client Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_