SCHEDULE C WORKSHEET CLIENT NAME (OWNER) ADDRESS OF BUSINESS BUSINESS NAME EIN Business started during the year? Yes \Box No Accounting method: Cash

Did you make any payments during the year that would require you to file Form(s) 1099? \Box YES \Box NO

If "Yes", did you or will you file required Form(s) 1099? \Box YES \Box NO

Gross receipts or sales		
Returns and allowances		
Cost of goods sold	Inventory at beginning of year	
	Purchases less cost of items for personal use	
	Cost of labor (Do not include amounts paid to self)	
	Materials and supplies	
	Other costs	
	Ending Inventory	
Other Income	•	

EXPENSES (Provide 1098/1099s if applicable)

Advertising	Supplies			
Commissions	Real Estate Taxes			
Contract Labor	Other taxes (payroll)			
Insurance (Liability, etc.)	Licenses and Dues			
Health Insurance (for employees)	Travel			
Mortgage Interest (paid to banks) Provide 1098	Meals			
Other Interest (credit cards/other loans)	Utilities			
Legal and Professional fees	Phone	Land	Cell	
Office Supplies & Postage	Wages (W2s issued)			
Rent (vehicles, machinery, equipment)	Bank and Credit Card fees			
Rent (other business property)	Small Tools			
Repairs and maintenance	Other:			
	Other:			
Health Insurance (taxpayer)	Other:			

Office in your home:
Yes No Home total sq. footage: _____ Sq. footage of Office: _____

Vehicle Expenses

Make, model and year of vehicle: _

Mileage	Actual Expenses
Total Miles Driven:	Gasoline, oil, lube:
Total Business Miles:	Repairs, parts, wash:
Parking, tolls, license	Tires, batteries, supplies, etc.
	Insurance
Odometer (beginning of year):	Interest expense:
Odometer (end of year):	License Fees/Other specify

Purchases and Sales of Equipment & Major Repairs

Item Description	Date Purchased	Cost	Business % of Use	Date Sold	Sale Price			

Notes: