

Schedule C - Profit or Loss from Business

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during the year. This business was disposed of during the year.

Yes No
 Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
 If "Yes," did you file Forms 1099 for the individuals?

Income

Gross receipts or sales _____

Returns & allowances _____

Expenses

Advertising _____	Repairs & maintenance _____
Car & truck expenses _____	Supplies _____
Commissions & fees _____	Taxes & licenses _____
Contract labor _____	Travel _____
Depletion _____	Total meals _____
Employee benefit programs _____	Utilities _____
Insurance (other than health) _____	Wages _____
Interest - mortgage _____	Family health coverage payments for taxpayer, spouse or dependents _____
Interest - other _____	Other expenses (list) _____
Legal & professional services _____	_____
Office expenses _____	_____
Pension & profit sharing plans _____	_____
Rent or lease (vehicles, machinery, & equipment) _____	_____
Rent (other business property) _____	_____

Cost of Goods Sold

Inventory at beginning of year _____	Materials & supplies _____
Purchases _____	Other costs _____
Cost of personal use items _____	Inventory at end of year _____
Cost of labor _____	<input type="checkbox"/> There was a change in inventory method.

Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?
 Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during the year

Business: _____ Commuting (Home to Work) _____

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses _____
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

To qualify for an office-in-home deduction, the area must be used exclusively for business purposes on a regular basis as your principal place of business or to conduct administrative or management business for a business that you own.

Expenses

Home expenses

Mortgage interest _____	
Real estate taxes _____	
Excess mortgage interest _____	
Excess real estate taxes _____	
Insurance _____	
Rent _____	
Repairs & maintenance _____	
Utilities _____	
Other expenses _____	

Enter your total home expenses for each category. Your accountant will prorate based on office size.