

Schedule C Worksheet

for Self Employed Businesses and/or Independent Contractors

► **IRS requires you have on file your own information to support all Schedule C's**

Business Name (if any) _____ **Address** (if any) _____

Is this your first year in business? Yes No Federal ID # (if any) _____

Did you make payments requiring a Form 1099-Misc? Yes No If 'YES' did you file required Form 1099-Misc? Yes No

Total Gross Business Income (including 1099-MISC income) \$ _____

Retail Businesses ONLY:

Beginning Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of labor (Do not include \$'s paid to yourself)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
Ending Inventory	\$ _____

All Businesses:

Advertising	\$ _____	Repairs and Maintenance	\$ _____
Commissions and Fees	\$ _____	Supplies (not included above)	\$ _____
Contract Labor (1099's Issued, if app)	\$ _____	Real Estate Taxes (If paid for business)	\$ _____
Insurance (other than health)	\$ _____	Travel (do not include meals)	\$ _____
Health Insurance (for you)	\$ _____	Meals and Entertainment	\$ _____
Rental	\$ _____	Bank and CC Charges	\$ _____
Mortgage Interest (If paid for Business)	\$ _____	Tools	\$ _____
Other Interest Paid	\$ _____	Uniforms ... logo .. YES or NO	\$ _____
Professional Fees	\$ _____	License / Dues	\$ _____
Office Expenses	\$ _____	Other _____	\$ _____
Rent on Business Property Equipment	\$ _____	Other _____	\$ _____
Phone _____ % business use	\$ _____	Other _____	\$ _____
Internet _____ % business use	\$ _____	Other _____	\$ _____

► Business Mileage _____ (Do not include mileage to and from home unless your office is in your home)

Question MUST be answered >> Do you have "evidence" to support your mileage? Yes No
and this if applicable >> If yes, is the "evidence" written? Yes No
"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS could ask for odometer readings from oil changes, repair invoices, purchase and sale documents.

► Did you purchase any major pieces of equipment? No Yes IF YES list:
Equipment _____ Date _____ Amount _____
Equipment _____ Date _____ Amount _____

► Do you have an Office in Your Home? Yes No IF YES Complete questions below
Sq. Ft of Office _____ Sq. Ft of Home _____ Real Estate Taxes \$ _____
Mortgage Interest / Rent Paid \$ _____ HO Insurance \$ _____ Utilities (Lights and Gas) \$ _____



I certify that I have listed **all income, all expenses**, and I have documentation to back up the figures entered on this worksheet. For tax year _____

Printed Name _____ Signature _____ Date _____