

Schedule C Worksheet

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

for Self Employed Businesses and/or Independent Contractors

Business Name _____ Address (if any) _____

Federal ID # (if any) _____

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

Is this your first year in business? Yes No

Total Gross Business Income (including 1099-NEC 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 milage 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 complete below: ◀

Equipment _____ Date _____ Amount \$ _____

Equipment _____ Date _____ Amount \$ _____

► Do you have an office in your home? No Yes IF YES complete below: ◀

Sq. Ft of Office _____ Sq. Ft of Home _____ Real Estate Taxes \$ _____

Mortgage Int / Rent Paid \$ _____ Home Owners Ins \$ _____ Utilities (lights/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 _____