



SCHEDULE C (Business Profit & Loss)

Gross Income *(Please provide us with any 1099s you received)* \$ _____

Returns/Allowances \$ _____

Cost of Materials \$ _____

Advertising/Websites/Marketing \$ _____

Software *(typically for payroll, bookkeeping, etc.)* \$ _____

Contract Labor *(sub-contractors/independent contractors paid on 1099)* \$ _____

Wages *(employees paid on W-2)* \$ _____

Employee Benefit Plans \$ _____

Insurance *(other than health)* \$ _____

Health Insurance \$ _____

Credit Card Processing Fees \$ _____

Shipping and Postage \$ _____

Interest paid to financial institutions \$ _____

Other Interest *(credit cards/financing equipment, etc.)* \$ _____

Legal and professional expenses *(we will apportion a part of our tax prep fee)* \$ _____

Office Expenses \$ _____

Rent or Lease of Machinery and Equipment \$ _____

Rent or Lease of other business property *(Office/Storage, etc.)* \$ _____

Repairs and Maintenance \$ _____

Office Supplies \$ _____

Business Meals \$ _____

Subscriptions/Periodicals \$ _____

Memberships/Trade Groups \$ _____

Travel: **Hotels** \$ _____

Rental Cars \$ _____

Flights \$ _____

Conferences \$ _____

Utilities:

Cell Phone \$ _____ /month x _____ % **business allocation**

Internet \$ _____ /month x _____ % **business allocation**

Office Electricity \$ _____

Office Heat \$ _____

Office Water/Sewer \$ _____

If you have an office in home please provide:

Square footage of space exclusively used for business: _____

Total square footage of your home: _____





SCHEDULE C (Car & Truck Expenses)

Please use a separate sheet for each business vehicle

Total Miles: _____ *(the average person drives about 12,000/year).*

Business Miles: _____

Tolls: \$ _____

Parking: \$ _____

Excise Tax: \$ _____

Make, Model and Year for Vehicle Used for Business _____

The above information is always required if you claim car/truck expenses. It is relevant to claiming the standard mileage deduction AND actual vehicle expense deduction

IF YOU ARE CLAIMING ACTUAL VEHICLE EXPENSES, PLEASE ALSO PROVIDE:

Car Insurance \$ _____

Gas \$ _____

Repairs/Oil Changes/Tires \$ _____

Supplies (Scrappers/Phone Accessories, Jumper Cables, etc.) \$ _____

Registration \$ _____

Stickers \$ _____

Car Loan Interest \$ _____

Monthly Lease Payment (if applicable) \$ _____

AAA \$ _____

Car Washes \$ _____

Other Car Expenses (Subscriptions/Warranties, Sirius, etc.) \$ _____

If you bought any new vehicles, please provide us with the bill of sale from your purchase.

Notes or questions to preparer:

