

1040		US	Business Income (Schedule C)	No. <input style="width: 30px;" type="text"/>	
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Please enter all pertinent Income amounts and information.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		
1=minister's Schedule C		

INCOME

Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

1040

US

Business Income (Schedule C) (cont.)

No.

Please enter all pertinent Expense amounts.

EXPENSES

Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

VEHICLE, TRAVEL & ENTERTAINMENT EXPENSE

Client: _____

ID# _____

Tax Year _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

Vehicle Expense	
Description of vehicle	
Date placed in service	
Odometer reading beginning of year	
Odometer reading end of year	
Total miles	
Business miles	
Commute miles	
Daily average round-trip commute	
Personal miles	
Is car leased?	Yes _____ No _____
Is car owned (or financed)	Yes _____ No _____
Was this vehicle depreciated in a prior year?	Yes _____ No _____
Gas, lube, oil	
Repairs & Maintenance	
Tires	
Towing	

Vehicle Expense	
Insurance	
Auto license/reg	
Personal property tax	
Lease payments	
Interest	
Auto club	
Warranty	
Smog Certificate	
Other _____	
Other _____	
Total	

Travel & Entertainment Expense	
Airfare, train	
Car rental & gas	
Parking, tolls	
Taxi, bus, shuttles	
Lodging	
Meals	
Entertainment	
Tips	
Telephone	
Dry Cleaning	
Number of days out of town	
Other _____	
Other _____	
Total	

Other Information

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