



Gringo Padrino

Empleado Independiente - 1099 - SCHEDULE C

2023 TAX PERIOD

***** Use otra hoja si su esposa tiene un negocio diferente al suyo *****

Nombre: _____ **SSN/ITIN:** _____

Direccion: _____ **Phone** _____

Ocupacion - A Que te dedicas: _____

1099-MISC Total su de Income\$ _____

Otro Income (cash)\$ _____

Gastos

Volantes y tarjetas de presentacion _____

Gastos de vehiculo # Millas de Trabajo _____ Total _____

Programa del Beneficio de empleado (compra de comida a mis empleados)

Labor - 1099s (cuanto pague a mis empleados con la 1099).....

Seguro para tu negocio

Servicios profesionales (Abogados, notarios, impuestos, etc.)

Gastos de oficina (sellos, equipo de oficina, jabones, papel de bano, etc.)

Renta/Compra (vehiculos, maquinaria, equipo)

Renta/Compra (Oficinas, almacenamiento, etc)

Materiales (Materiales de trabajo: suministros

Herramientas

Equipo de Proteccion

Gastos de viaje (Hoteles o Viajes en Avion)

Comida gastada en tus viajes de trabajo

Pagos mensuales de Celular y Internet, etc.)

Uniforme

Aqua y Hielo por semana.....

Otros gastos (favor de especificar cada gasto)

YO/NOSOTROS, LOS SUSCRITOS, CERTIFICAMOS QUE LA INFORMACIÓN ANTERIOR ES VERDADERA Y CORRECTA Y SE PROPORCIONA A GRINGO PADRINO PARA AYUDAR EN LA PREPARACIÓN DE MI/NUESTROS IMPUESTOS DE INGRESO.

TAXPAYER SIGNATURE _____ **DATE:** _____



Gringo Padrino

1099 - SCHEDULE C (Self-Employment)

20_____ TAX PERIOD

*****Use SEPARATE WORKSHEET for Each Business*****

Owner Name: _____ SSN/EIN: _____

Business Name: _____ Date Established _____

Business Address: _____

Description of Operations: _____

1099-MISC TOTAL INCOME RECEIPTS\$ _____

OTHER INCOME RECEIPTS\$ _____

EXPENSES

Advertising (Flyers, Newspaper Ads, Radio/TV Spots)

Car & Truck Business Expenses # of Business Miles _____

Commissions & Fees Paid (paid to non-employees, agents)

Depreciation and Section 179 Deductions

Employee Benefit Programs (employee fringe benefits/insurance, etc.)

Contract Labor - 1099s

Depletion/Depreciation

Insurance (Liability, Fire, Theft, Business, Commercial)

Legal and Professional Services (Lawyers, Notary, Bookkeeping, Taxes, etc.)

Office Expenses (Stamps, Stationery, Supplies: soap, TP, etc.)

Pension and Profit-Sharing Plans

Rent/Lease (vehicles, machinery, or equipment)

Rent/Lease (Office - Storage - other business property)

Supplies (supplies to perform work: Materials, Tools, Protection Equipment)

Taxes and Licenses, Permits

Travel (Business travel)

Meals and Entertainment (client business lunches, client entertainment)

Utilities (phone, mobile phone, electricity, gas, etc.)

Other Expenses (please specify each expense)

I/WE, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND IS PROVIDED TO GRINGO PADRINO TO ASSIST IN THE PREPARATION OF MY/OUR INCOME TAXES.

TAXPAYER SIGNATURE _____ DATE: _____