

# Schedule C Workbook for Small Business Owners

This workbook lists and explains the information and documentation needed to prepare your tax return. Please complete to the best of your ability.

## Part I: Business Profile

Name of Proprietor: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Service/Product: \_\_\_\_\_

What year did you begin/acquire this business: \_\_\_\_\_

**Last Year's Tax Return (new clients)**

## Part II: Business Income:

- Income Statement**
- Form 1099-MISC**
- Form W-2**

## Part III: Business Use of Home

If you use a portion of your home as your principal place of business, you may be able to deduct part of your rent or mortgage, as well as certain other relevant home expenses. We will calculate your deduction using the method that results in the largest deduction.

- Rent or Mortgage Interest**
- Real Estate Taxes**
- Homeowners/Renter's Insurance**
- Repairs, Maintenance, Improvement record**
- Utilities**
- Other: Lawn care, Security system, HOA fees**

Home office square footage: \_\_\_\_\_

**Form 8829, line 1**

Total square footage of home: \_\_\_\_\_

**Form 8829, line 2**

## Part IV: Business Expenses

**ADVERTISING**, Line 8      \$ \_\_\_\_\_

Marketing

Online Advertising

Print Advertising

Signage

Website

**CAR & TRUCK**, Line 9      \$ \_\_\_\_\_

### **MILEAGE**, Line 9

Business Miles

Commuting Miles

Personal Miles

Total Miles

Mileage Deduction (\$0.70/mile in 2025)

**COMMISSIONS & FEES**, Line 10      \$ \_\_\_\_\_

**CONTRACT LABOR**, Line 11      \$ \_\_\_\_\_

**DEPRECIATION**, Line 13      \$ \_\_\_\_\_

Office Equipment

Vehicle

**EMPLOYEE BENEFITS**, Line 14      \$ \_\_\_\_\_

**INSURANCE**, Line 15      \$ \_\_\_\_\_

Business Insurance (other)

**INTEREST**, Line 16      \$ \_\_\_\_\_

Other Interest

Mortgage

**LEGAL & PROFESSIONAL**, Line 17      \$ \_\_\_\_\_

**OFFICE EXPENSE**, Line 18      \$ \_\_\_\_\_

Business Cards

Cell Phone

Office Fees

Internet

Postage and Shipping

Printing Costs

Other Expenses

**PENSION & PROFIT SHARING**      \$ \_\_\_\_\_

Line 19

**RENT**, Line 20      \$ \_\_\_\_\_

Vehicle & Machine (ex: copier)

Other Business Property (ex: office space)

**REPAIRS & MAINTENANCE**, Line 21      \$ \_\_\_\_\_

**SUPPLIES**, Line 22      \$ \_\_\_\_\_

**TAXES & LICENSES**, Line 23      \$ \_\_\_\_\_

Employment Taxes (SS, Medicare, FUTA)

Business License and Permits

**TRAVEL**, Line 24a      \$ \_\_\_\_\_

**MEALS & ENTERTAINMENT**, Line 24b      \$ \_\_\_\_\_

**UTILITIES**, Line 25 (not your home)      \$ \_\_\_\_\_

**WAGES PAID**, Line 26      \$ \_\_\_\_\_

**OTHER EXPENSES**, Line 27/48      \$ \_\_\_\_\_

Bank Charges

Client Gifts

Club/Organizational Dues

Education (Continuing Education)

Miscellaneous - *Provide detailed spreadsheet*

### **QETP (Estimated Tax Payments)**

FEDERAL: Quarter 1 (Apr 15)      \$ \_\_\_\_\_

FEDERAL: Quarter 2 (Jun 15)      \$ \_\_\_\_\_

FEDERAL: Quarter 3 (Sept 15)      \$ \_\_\_\_\_

FEDERAL: Quarter 4 (Jan 15)      \$ \_\_\_\_\_

**Fed Total**      \$ \_\_\_\_\_

STATE: Quarter 1 (Apr 15)      \$ \_\_\_\_\_

STATE: Quarter 2 (Jun 15)      \$ \_\_\_\_\_

STATE: Quarter 3 (Sept 15)      \$ \_\_\_\_\_

STATE: Quarter 4 (Jan 15)      \$ \_\_\_\_\_

**State Total**      \$ \_\_\_\_\_

### **Self Employed Health Insurance**

(premiums)      \$ \_\_\_\_\_

### **Profit & Loss Summary:**

Business Income:      \$ \_\_\_\_\_

Business Expenses:      \$ \_\_\_\_\_

**Net Income**      \$ \_\_\_\_\_

## Part V: Cost of Goods Sold

If your business doesn't produce merchandise for sale or doesn't buy and resell merchandise, then you do not need to complete this section.

- Inventory Records (to include: beginning and ending inventory)**
- Form 1099-MISC**
- Form W-2**

**Beginning Inventory**      \$ \_\_\_\_\_

Beginning Inventory is essentially the same as last year's Ending Inventory.

Cost of Labor      \$ \_\_\_\_\_

ONLY direct and indirect costs of labor to actually produce the merchandise you sell (i.e. manufacturing and construction)

Materials & Supplies      \$ \_\_\_\_\_

Only manufacturers must complete this line.

Other Costs      \$ \_\_\_\_\_

Only manufacturers must complete this line.

Subtotal      \$ \_\_\_\_\_

Sums of Line 35-39

**Year End Inventory**      \$ \_\_\_\_\_

Your ending inventory this year will generally be your beginning inventory next year.

**Cost of Goods Sold**      \$ \_\_\_\_\_

Line 41 minus Line 40

## Part VI: Vehicle

You may calculate your deduction using either of two methods: *actual expense method* or the *standard mileage method*. Regardless, the IRS requires a thorough, contemporaneous, written mileage log. **We will use the mileage deduction rate for the current tax year.** This rate accounts for gas, repairs, maintenance, depreciation, and auto insurance (but not interest on a car loan).

**Primary Vehicle:**      Make \_\_\_\_\_

Model \_\_\_\_\_

**Total Miles** \_\_\_\_\_

Record the total miles you drove this vehicle for business purposes during the year.

Business Miles \_\_\_\_\_

Miles for commuting to and from your primary business office. If you claim the home office deduction, you should not report any commuting miles.

Commuting Miles \_\_\_\_\_

Miles you drove other than for business and commuting, such as personal.

Other (Personal) Miles \_\_\_\_\_

When did you put your vehicle into use for your business (mm/dd/yy)? \_\_\_\_\_

Do you have evidence to support your deduction (circle)?      YES      or      NO

Is the evidence written (circle)?      YES      or      NO

- Mileage Log**