

Name: _____	Phone: _____	Tax Year
Address: _____	Taxpayer's Social Security: _____	
City/State/Zip: _____	Spouse's Social Security: _____	

Schedule C - Profit or Loss From Business

Section	Summary Line	Amount
Income	Gross Receipts	\$ _____
	Sales Returns, Refunds & Allowances	\$ _____
	Net Sales	\$
Expenses	Advertising and Promotion	\$ _____
	Selling Commissions and Fees (Direct)	\$ _____
	Car and Truck (if you use the Actual Method, see below)	\$ _____
	Contract Labor (Independent Contractors)	\$ _____
	Employee Benefit Programs (Other than Pension and Profit Sharing)	\$ _____
	Supplies (Operating, Incidental)	\$ _____
	Insurance Other Than Health	\$ _____
	Interest Expense	\$ _____
	Legal and Professional Fees	\$ _____
	Office Expense	\$ _____
	Meals & Entertainment	\$ _____
	Parking & Tolls	\$ _____
	Pension and Profit Sharing Plans	\$ _____
	Rent	\$ _____
	Repairs and Maintenance	\$ _____
	Salaries & Wages	\$ _____
	Taxes and licenses	\$ _____
	Travel	\$ _____
	Utilities	\$ _____
	Other Expenses: Bank Charges	\$ _____
	Other Expenses: Cell Phone	\$ _____
	Other Expenses: Computer and Internet Subscriptions & Services	\$ _____
	Other Expenses: Continuing Education, Seminars	\$ _____
	Other Expenses: Dues and Subscriptions	\$ _____
	Other Expenses: Payroll Processing Fees	\$ _____
	Other Expenses: Postage	\$ _____
	Other Expenses: Printing, Copying, Reproduction Costs	\$ _____
	Other Expenses: Research	\$ _____
	Other Expenses: Training	\$ _____
	Other Expenses: Other Expenses	\$ _____
Total Expenses		\$
Other	Asset Purchases - Furniture & Fixtures Asset	_____
	Purchases - Equipment	_____
	Leasehold Improvements	_____



Name: _____	Phone: _____	Tax Year
Address: _____	Taxpayer's Social Security: _____	
City/State/Zip: _____	Spouse's Social Security: _____	

Schedule C - Profit or Loss From Business (cont.)

Section	Summary Line	Amount
Vehicle Mileage/ Expense Deduction (use separate sheet for each Vehicle)		
	Vehicle description (make, model and year)	_____
	Date vehicle purchased	_____
	Date vehicle place in service	_____
	 Odometer Reading Jan 1	_____
	Odometer Reading Dec 31	_____
	Total Mileage for the year	_____
	Total Business Mileage for the year	_____
	 Gasoline, oil, repairs, insurance, etc.	\$ _____
	Vehicle registration fee (excluding property tax)	\$ _____
	Vehicle lease or rental fee	\$ _____
	Parking fees, tolls, and local transportation	\$ _____
	Interest on vehicle	\$ _____
 Home Office Deduction		
	Total Home Cost Basis (Purchase Price + Closing Costs)	\$ _____
	Capital Improvements	\$ _____
	 Total Square Footage of Home	_____
	Square Footage of area used regularly and exclusively for business	_____
	 Allowable Deductions	\$ _____
	Deductible mortgage interest	\$ _____
	Deductible mortgage insurance	\$ _____
	Real Estate Taxes	\$ _____
	Insurance	\$ _____
	Rents	\$ _____
	Repairs and maintenance	\$ _____
	Utilities	\$ _____
	Other (i.e. Security, Snow Removal, etc..)	\$ _____
 Inventory		
	Beginning Inventory	\$ _____
	+ Purchases	\$ _____
	- Ending Inventory	\$ _____
	= Cost of Goods Sold	\$ _____

