

# Schedule C " Sole Proprietor" Worksheet

|   |     |    |  |  |  |  |  |
|---|-----|----|--|--|--|--|--|
| Owner   |     |    |  |  |  |  |  |
| Business Name   |     |    |  |  |  |  |  |
| Business Address  |     |    |  |  |  |  |  |
| Principal Business Activity                               |     |    |  |  |  |  |  |
| EIN (If Applicable)                                       |     |    |  |  |  |  |  |
| Did you pay anyone \$600 or more?                         | Yes | No |  |  |  |  |  |
| Health Insurance you paid for yourself and/or your family | \$  |    |  |  |  |  |  |
| Did you Sell any prior year Assets?                       | Yes | No |  |  |  |  |  |
| Total Income (Sales)                                      |     |    |  |  |  |  |  |
| Returns and Refunds                                       |     |    |  |  |  |  |  |
| Cost of Goods Sold:                                       |     |    |  |  |  |  |  |
| Beginning of Year Inventory                               |     |    |  |  |  |  |  |
| Purchases (less items used personally)                    |     |    |  |  |  |  |  |
| Shipping/Freight  |     |    |  |  |  |  |  |
| Other Costs   |     |    |  |  |  |  |  |
| End of Year Inventory                                     |     |    |  |  |  |  |  |
| Expenses:   |     |    |  |  |  |  |  |
| Advertising   |     |    |  |  |  |  |  |
| Commissions   |     |    |  |  |  |  |  |
| Other Labor   |     |    |  |  |  |  |  |
| Business Insurance  |     |    |  |  |  |  |  |
| Mortgage Interest   |     |    |  |  |  |  |  |
| Other Interest  |     |    |  |  |  |  |  |
| Legal & Professional Fees                                 |     |    |  |  |  |  |  |
| Office Expense  |     |    |  |  |  |  |  |
| Rent Building   |     |    |  |  |  |  |  |
| Rent Equipment, Vehicles, Etc.                            |     |    |  |  |  |  |  |
| Repairs & Maintenance                                     |     |    |  |  |  |  |  |
| Supplies  |     |    |  |  |  |  |  |
| Taxes & Licenses  |     |    |  |  |  |  |  |
| Utilities   |     |    |  |  |  |  |  |
| Wages   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |
| Other   |     |    |  |  |  |  |  |

Equipment Purchases (Description)

Cost

Date Placed In Service

| Vehicle Worksheet    |  |  |  |
|----------------------|--|--|--|
| Vehicle: _____       |  |  |  |
| Beg Mileage          |  |  |  |
| End Mileage          |  |  |  |
| Placed in Service    |  |  |  |
|                      |  |  |  |
| Total Business Miles |  |  |  |
| Total Personal Miles |  |  |  |