

Schedule C or Other Business Structure - One Form Per Business

Fill out COMPLETELY or check "N/A". Use a separate Worksheet for EACH business. ****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all) What Legal Tax Entity: S Corp C Corp Partnership Sole Prop

Taxpayer or Spouse or Both (comm prop state) Address of Business: _____

Name of Business: _____ Business Code: _____

EIN Number (If any): _____ Date Business Started: _____

Cash Accounting Method Yes No Do you do your own books/accounting?

Accrual Yes No Would you consider outsourcing to us?

Other(Specify): _____ Yes No Would you consider outsourcing payroll to us?

Yes No Claiming use of a home office? *If yes, complete Home Office Deduction Worksheet*

Basic Questions: (Required for all)

If S Corp or Partnership, basis reported on prior year's return (M-2, Line 8 or 9)? \$ _____

Yes No Did you put any capital in cash into the company this year? If yes, amount: \$ _____

Yes No Did you place any equip/other physical assets into company that you previously owned? If yes, enter basis when placed:

Asset 1: _____ \$ _____ Asset 2: _____ \$ _____ Asset 3: _____ \$ _____

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven: _____ Business miles: _____ Commuting miles: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Yes No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: \$ _____

Yes No Do you know what your business is worth? Yes No Would you like to know? Other Income: \$ _____

Yes No Were any proceeds received from SBA or other loans? Yes No If yes, included above? Amount: \$ _____

Cost of Goods Sold: (Required with or without P&L and Trial Balance)

Yes No Do you have employees other than yourself?

Beginning Inventory: \$ _____

Yes No Do you use subcontractors?

Purchases: \$ _____

Yes No If required to, did you issue 1099s to others?

Cost of Labor: \$ _____

Yes No Do you do your own payroll? If yes, # of W-2s issued: _____

Materials and Supplies: \$ _____

Ending Inventory: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ _____ Depletion: \$ _____ Other Rent/Lease: \$ _____

Auto Expenses: \$ _____ Depreciation: \$ _____ Repairs & Maint: \$ _____

(Other than Mileage): \$ _____ Legal/Professional: \$ _____ Supplies: \$ _____

Commissions: \$ _____ Office Expense: \$ _____ Taxes & Licenses: \$ _____

Contract Labor: \$ _____ Wages to Self: \$ _____ Travel: \$ _____

Employee Ben Programs: \$ _____ Wages to Children: \$ _____ Meals (Client/Prospect): \$ _____

Insurance (NOT Health): \$ _____ Wages to Others: \$ _____ Utilities: \$ _____

Health Insurance: \$ _____ Pension/Prof Sharing: \$ _____ _____: \$ _____

Mortgage Interest: \$ _____ Vehicle Rent/Lease: \$ _____ _____: \$ _____

Other Interest: \$ _____ Machinery Rent/Lease: \$ _____ _____: \$ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____