

## Schedule C Worksheet

for Self Employed Businesses and/or Independent Contractors

► **IRS requires we have on file your own information to support all Schedule C's**

**Business Name** (if any) \_\_\_\_\_ **Address** (if any) \_\_\_\_\_

Is this your first year in business? ☐ Yes ☐ No Federal ID # (if any) \_\_\_\_\_

Did you make payments requiring a Form 1099? ☐ Yes ☐ No If 'YES' did you file required Form 1099? ☐ Yes ☐ No

**Total Gross Business Income** (not necessarily amount shown on 1099's) \$ \_\_\_\_\_

### All Businesses:

Advertising	\$ _____	Repairs and Maintenance	\$ _____
Commissions and Fees	\$ _____	Supplies (not included above)	\$ _____
Contract Labor (1099's Issued, if app)	\$ _____	Real Estate Taxes (If paid for business)	\$ _____
Insurance (other than health)	\$ _____	Other Taxes (Payroll)	\$ _____
Health Insurance (for you)	\$ _____	Travel (do not include meals)	\$ _____
Health Insurance (for your employees)	\$ _____	Meals and Entertainment	\$ _____
Mortgage Interest (If paid for Business)	\$ _____	Utilities	\$ _____
Other Interest Paid	\$ _____	Wages (W-2's Issued)	\$ _____
Professional Fees	\$ _____	Bank and CC Charges	\$ _____
Office Expenses	\$ _____	Tools	\$ _____
Rent on Business Property	\$ _____	Uniforms ... logo .. YES or NO	\$ _____
Equipment Rentals	\$ _____	License / Dues	\$ _____
Telephone _____ % used for business	\$ _____	Other _____	\$ _____

► **Business Mileage** \_\_\_\_\_ **Personal Mileage** \_\_\_\_\_  
(Do not include mileage to and from home unless your office is in your home)

**Question MUST be answered >> Do you have "evidence" to support your mileage? . . . .** ☐ Yes ☐ No  
**and this if applicable >> If yes, is the "evidence" written? . . . . .** ☐ Yes ☐ No  
**"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS could ask for odometer readings from oil changes, repair invoices, purchase and sale documents.**

► Did you purchase any major pieces of equipment? ☐ No ☐ Yes IF YES list:  
Equipment \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Equipment \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

► Do you have an Office in Your Home? ☐ Yes ☐ No IF YES Complete questions below  
Sq. Ft of Office \_\_\_\_\_ Sq. Ft of Home \_\_\_\_\_ Real Estate Taxes \$ \_\_\_\_\_  
Mortgage Interest / Rent Paid \$ \_\_\_\_\_ HO Insurance \$ \_\_\_\_\_ Utilities (Lights and Gas) \$ \_\_\_\_\_

←—————→  
**I certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet. For tax year \_\_\_\_\_**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_