

Business Income (Schedule C)

General Information

Taxpayer name (last, first) _____

Principle business/profession _____

Business name _____

Employer identification number EIN _____

Ownership 1=Self 2=Spouse 3=Joint: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____

Income

Gross receipts or sales: \$ _____

Other income: \$ _____

Cost of Goods and Services

Materials and supplies: \$ _____

Cost of labor: \$ _____

Other costs: \$ _____

Expenses

Accounting	\$	Printing	\$
Advertising	\$	Rent (vehicles, equipment, etc.)	\$
Answering service	\$	Rent other	\$
Bank charges	\$	Repairs	\$
Commissions	\$	Security	\$
Contract labor	\$	Supplies	\$
Delivery and freight	\$	Taxes - real estate	\$
Dues and subscriptions	\$	Taxes - payroll	\$

A AND J'S INVESTMENTS

Employee benefit programs	\$	Taxes - sales tax	\$
Insurance (other than health)	\$	Taxes - other	\$
Mortgage interest	\$	Telephone	\$
Other interest	\$	Tools	\$
Janitorial	\$	Travel	\$
Laundry and cleaning	\$	Total meals	\$
Legal and professional	\$	Uniforms	\$
Miscellaneous	\$	Utilities	\$
Office Expenses	\$	Internet	\$
Outside services	\$	Wages	\$
Parking and tolls	\$	Other expenses	\$
Postage	\$		

Vehicle Expenses

Vehicle year		Parking fees and tolls	
Vehicle make		Vehicle maintenance	
Vehicle model		Repairs	
Total annual miles		Tires	
Total annual business miles		Insurance	
Vehicle registration (attach)		Miscellaneous	