## TAX INTO CASH FORM

Gross Receipts:	Payment Forms:	
Did you keep records?		
Did you file this business last year?	Location:	
Type of Business:	Years in Business:	
Business Name:	EIN:	
Name:	SSN:	
GENERAL	INFORMATION	
SCHEDULE C: SELF EMPLOYMENT	TAX YEAR:	

## GENERAL EXPENSES

GENERAL	EAPENSES		
Category	Amount	Have Receipts (Initials)	Have Check, CC Statement or Proof
Advertising			
Commissions			
Contract Labor (Issued a 1099)			
Employee Benefit Programs			
Insurance (other than auto/health)			
Mortgage Interest			
Other Interest Expense			
Legal Professional Service			
Office Expense			
Rent for Machinery or Equipment			
Rent for Property			
Repairs (other than auto)			
Supplies			
Taxes and Licenses			
Travel (lodging, airfare, etc.)			
Meals (or standard meal allowance)			
Days Away x SMA =			
Phone			
Wages (Issued a W-2)			
Utilities			
Continued Education			
Purchases Less Personal			

COST OF GOODS SOLD					
Category	Amount	Have Receipts (Initials)	Have Check, CC Statement or Proof		
Beginning Inventory					
Ending Inventory					
Materials and Supplies					
Other Cost					
Do you have employees or contract workers? What documents do you have to support Sched	ıle C?				
Do you have any documents to support Schedu	le C willi you loday?	ies oi	NO		
Description of Vehicle:	EXPENSES  Parking and toll	fees:			
Description of Vehicle: Date Placed in Service:	Parking and toll Gas and Oil:				
Description of Vehicle: Date Placed in Service: Do you have mileage log/written record?	Parking and toll Gas and Oil: Tires and Repair				
Description of Vehicle:  Date Placed in Service:  Do you have mileage log/written record?  Total Miles Driven:	Parking and toll Gas and Oil: Tires and Repair Insurance:	s:			
Description of Vehicle: Date Placed in Service: Do you have mileage log/written record?	Parking and toll Gas and Oil: Tires and Repair	s:			
Description of Vehicle: Date Placed in Service: Do you have mileage log/written record? Total Miles Driven: Business Miles Driven: Was the business vehicle available for personal Did taxpayer (or spouse) have another vehicle a Do you have evidence to support these deductions.	Parking and toll Gas and Oil: Tires and Repair Insurance: Interest (Vehicle use during off duty he vailable for personal ons? Yes or No	Loan):  Ours? Yes	or No		
Description of Vehicle:  Date Placed in Service:  Do you have mileage log/written record?  Total Miles Driven:	Parking and toll Gas and Oil: Tires and Repair Insurance: Interest (Vehicle use during off duty he vailable for personal ons? Yes or No Yes or No rnished to us, without vereturns by the taxing au that you preserve all re ation. file your Business Tax Return fo	Loan):  Ours? Yes use? Yes  erification if rethorities, a records which yer this year and the	or No or No not presented at quest may be you may be called information you have		