

D5 Tax Services, LLC
Self-Employment (Schedule C)

Type of Business: _____ Business Name _____
Business Address: (if different from home address) _____
City: _____ State: _____ Zip: _____
Accounting Method: Cash _____ Accrued: _____ Business EIN: _____
Do you have Inventory? Yes ___ No ___ Beginning: _____
Ending: _____ Did you start this business in year 2018? Yes ___ No ___

Income

Gross receipts or sales: _____ Income Reported on 1099-Misc: _____

Expenses

| | |
|--|-------------------------------|
| Advertising: _____ | Office Expense: _____ |
| Supplies: _____ | Meals: _____ |
| Utilities: _____ | Contact Labor: _____ |
| Taxes: _____ | Accounting services: _____ |
| Wages: _____ | Phone: _____ |
| Rent: _____ | Laundry and cleaning: _____ |
| Bank Fees: _____ | Professional Fees: _____ |
| Insurance: _____ | Office Expensed: _____ |
| Repairs: _____ | Parking and tolls: _____ |
| Legal Fees: _____ | Pension contributions: _____ |
| Licenses: _____ | Postage: _____ |
| Travel: (not list anywhere else) _____ | Printing: _____ |
| Bad Debt: _____ | Repairs: _____ |
| Dues and Subscriptions: _____ | Security: _____ |
| Sales Taxes: _____ | Payroll Taxes: _____ |
| Telephone: _____ | Tools: _____ |
| Uniforms: _____ | Deliver and freight: _____ |
| Utilities: _____ | Wages: _____ |
| Other Expenses: _____ | Commissions: _____ |
| Other Expenses: _____ | Car and Truck expenses: _____ |

Do you have a home office: Yes ___ No ___, if yes, what is the square feet of the home _____
square feet of the space used _____. (space must be used exclusively for work to get credit).

Vehicle Expenses

Was the Vehicle depreciated in a prior year? Yes _____ No _____

Is car leases? Yes _____ No _____ Is Car Owned (or financed) Yes _____ No _____

Vehicle Year: _____ Make: _____ Model: _____

Date Placed in Service: _____ Business Miles: _____

Commuting Miles: _____ Total Miles: _____

| | |
|------------------------------|------------------------------|
| Gas: _____ | Oil changes: _____ |
| Repairs & Maintenance: _____ | Tires: _____ |
| Insurance: _____ | Towing: _____ |
| Car Tag: _____ | Personal property tax: _____ |
| Interest: _____ | Lease Payments: _____ |
| Auto club: _____ | Warranty: _____ |
| Other: _____ | Other: _____ |

Travel & Entertainment Expense

| | |
|----------------------------|----------------------------------|
| Airfare, train: _____ | Car rental & gas: _____ |
| Taxi, bus, shuttles: _____ | Parking, tolls: _____ |
| Lodging: _____ | Meals: _____ |
| Tips: _____ | Entertainment: _____ |
| Telephone: _____ | Dry Cleaning: _____ |
| Other: _____ | Number of Days out of town _____ |

Other Information

Primary Taxpayer: _____ Date: _____

Spouse: _____ Date: _____