



**SCHEDULE C BUSINESS WORKSHEET – INCOME AND EXPENSES**  
**TAX YEAR 2020**

Name \_\_\_\_\_

Business Name (if any) \_\_\_\_\_ EIN \_\_\_\_\_

*\*A separate worksheet must be completed for each business*

**INCOME**

Gross Receipts or Sales Totals (only for your business – do not include wages) \$ \_\_\_\_\_

If you received any 1099s, we need copies. Did you include any 1099 income above? Yes No

Did you collect Sales Tax? Yes No If yes, is it included in income above? Yes No

Other Income, if not reported above (such as tips or bartering) \$ \_\_\_\_\_

\_\_\_\_\_

Did you make any payments that would require you to file 1099s? Yes No Not Sure

If yes, did you or will you file them? Yes No

*\*You are required to file a 1099 if you paid \$600 or more as part of your business to any individual, partnership, or LLC.*

\_\_\_\_\_

Did you provide health insurance for employees? Yes No

Ending Inventory on December 31 at cost (if applicable) \$ \_\_\_\_\_

Did you dispose of any business equipment, vehicles, or property this year? Yes No

If yes, provide details below:

Item Sold, Scrapped or Given Away	Date Sold	Selling Price

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Did you purchase any equipment or vehicles that cost more than \$500 this year? Yes No

If yes, provide details below:

Item Purchase	Date Purchased	Cost w/ Sales Tax	New/Used	Item Traded*

*\*Bring Paperwork for Purchase and Trade-In*

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Did you make any estimated tax payments? Yes No If yes, provide details below:

Payment Date	Federal Amount Paid	State Amount Paid

**BUSINESS EXPENSES (Ordinary and Necessary)**

	Amount
Cost of Goods Sold or Materials	
Subcontractors or Contract Labor	
Advertising or Promotion (including logo clothing)	
Outside Services/Commissions	
Business Insurance (not auto or home)	
Health Insurance	
Other Insurance	
Interest	
Legal and Professional Fees	
Office Expenses	
Rent -Building	
Rent - Other	
Repairs and Maintenance (not auto)	
Supplies (non office)	
Sales Tax	
Professional Licenses	
Travel (airfare, taxis, train, car rentals, lodging, etc.)	
Business Meals (entertainment no longer deductible)	
Utilities (not home office)	
Cell Phone (business portion)	
Gross Employee Wages	
Payroll Taxes (please provide W3 Form)	
Credit Card/Merchant Fees	
Computer and Internet	
Laundry and Cleaning	
Décor and Furnishings	
Postage and Shipping	
Safety Equipment	
Uniforms	
Car and Truck (actual expenses)	
Client Gifts	
Other (describe)	
Other (describe)	
Other (describe)	

By signing I confirm that the information given is true, complete and accurate:

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Name (print)

Signature

Date