

**SCHEDULE C WORKSHEET  
FOR SELF EMPLOYED BUSINESSES & INDEPENDENT CONTRACTORS**

**IRS REQUIRES WE HAVE ON FILE YOUR OWN INFORMATION TO SUPPORT SCHEDULE C**

<b>CLIENT/BUSINESS NAME:</b>	
<b>ADDRESS:</b>	
<b>FEDERAL EIN#:</b>	<b>TAX YEAR:</b>

Is this your first year in business?  Yes  No  
 Did you make payments requiring a Form 1099?  Yes  No      If 'Yes' did you file the required Form 1099?  Yes  No

<b>TOTAL GROSS BUSINESS INCOME (including payments where no 1099 was received)</b>	<b>\$</b>
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**Retail Business ONLY:**

Beginning Inventory	\$
Merchandise Purchased for Resale	\$
Cost of labor (Do not include \$ paid to yourself)	\$
Materials and Supplies	\$
Other Direct Sales Costs	\$
Ending Inventory	\$

**ALL BUSINESSES:**

Advertising	\$	Repairs and Maintenance	\$
Commissions and Fees	\$	Supplies (not included above)	\$
Contract Labor (1099s issued, if applicable)	\$	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	\$
Mortgage Interest (if paid for business)	\$	Utilities	\$
Other Interest Paid	\$	Wages (W2s issued)	\$
Professional Fees	\$	Bank and Credit Card Charges	\$
Office Expenses	\$	Tools	\$
Rent on Business Property	\$	Uniforms	\$
Equipment Rentals	\$	Licenses / Dues	\$
Telephone _____ % used for business	\$	Other _____	\$

**BUSINESS VEHICLE:**

Business Mileage	Personal Mileage
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**Do you have evidence to support your mileage?**  Yes  No      **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?  Yes  No      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 or Rent Paid	HO Insurance	Utilities (Gas and Electric)

**I certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet.**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ZACHARY HELLMAN, ENROLLED AGENT**