

# Schedule C or Other Business Structure - One Form Per Business

Fill out COMPLETELY or check  "N/A". Use a separate Worksheet for EACH business. **\*\*Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next \_\_\_\_\_ pages" and stack under this page. If not available, please use the input sheet below.**

## Business Info: (Required for all) What Legal Tax Entity: S Corp C Corp Partnership Sole Prop

Taxpayer or  Spouse or  Both (comm prop state) Address of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Code: \_\_\_\_\_

EIN Number (If any): \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Cash Accounting Method

Yes  No Do you do your own books/accounting?

Accrual

Yes  No Would you consider outsourcing to us?

Other(Specify): \_\_\_\_\_

Yes  No Would you consider outsourcing payroll to us?

Yes  No Claiming use of a home office? *If yes, complete Home Office Deduction Worksheet*

## Basic Questions: (Required for all)

If S Corp or Partnership, basis reported on prior year's return (M-2, Line 8 or 9)? \$ \_\_\_\_\_

Yes  No Did you put any capital in cash into the company this year? If yes, amount: \$ \_\_\_\_\_

Yes  No Did you place any equip/other physical assets into company that you previously owned? If yes, enter basis when placed:

Asset 1: \_\_\_\_\_ \$ \_\_\_\_\_ Asset 2: \_\_\_\_\_ \$ \_\_\_\_\_ Asset 3: \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle Information: Year/Make/Model: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_

Total miles driven: \_\_\_\_\_ Business miles: \_\_\_\_\_ Commuting miles: \_\_\_\_\_

## Income Questions: (Required if no P&L or Trial Balance Available)

Yes  No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: \$ \_\_\_\_\_

Yes  No Do you know what your business is worth?  Yes  No Would you like to know? Other Income: \$ \_\_\_\_\_

Yes  No Were any proceeds received from SBA or other loans?  Yes  No If yes, included above? Amount: \$ \_\_\_\_\_

## Cost of Goods Sold: (Required with or without P&L and Trial Balance)

Yes  No Do you have employees other than yourself?

Beginning Inventory: \$ \_\_\_\_\_

Yes  No Do you use subcontractors?

Purchases: \$ \_\_\_\_\_

Yes  No If required to, did you issue 1099s to others?

Cost of Labor: \$ \_\_\_\_\_

Yes  No Do you do your own payroll? If yes, # of W-2s issued: \_\_\_\_\_

Materials and Supplies: \$ \_\_\_\_\_

Ending Inventory: \$ \_\_\_\_\_

## General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ \_\_\_\_\_ Depletion: \$ \_\_\_\_\_ Other Rent/Lease: \$ \_\_\_\_\_

Auto Expenses: \$ \_\_\_\_\_ Depreciation: \$ \_\_\_\_\_ Repairs & Maint: \$ \_\_\_\_\_

(Other than Mileage): \$ \_\_\_\_\_ Legal/Professional: \$ \_\_\_\_\_ Supplies: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_ Office Expense: \$ \_\_\_\_\_ Taxes & Licenses: \$ \_\_\_\_\_

Contract Labor: \$ \_\_\_\_\_ Wages to Self: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_

Employee Ben Programs: \$ \_\_\_\_\_ Wages to Children: \$ \_\_\_\_\_ Meals (Client/Prospect): \$ \_\_\_\_\_

Insurance (NOT Health): \$ \_\_\_\_\_ Wages to Others: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Health Insurance: \$ \_\_\_\_\_ Pension/Prof Sharing: \$ \_\_\_\_\_ \_\_\_\_\_: \$ \_\_\_\_\_

Mortgage Interest: \$ \_\_\_\_\_ Vehicle Rent/Lease: \$ \_\_\_\_\_ \_\_\_\_\_: \$ \_\_\_\_\_

Other Interest: \$ \_\_\_\_\_ Machinery Rent/Lease: \$ \_\_\_\_\_ \_\_\_\_\_: \$ \_\_\_\_\_

## New Assets Placed in Service:

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_