



PROFIT & LOSS STATEMENT FROM BUSINESS OR SELF-EMPLOYMENT

General Business Information

Business name _____
 SS No. _____
 EIN No. _____
 Business owner _____
 Business phone _____ Cell _____
 Address _____
 City _____ ST _____ Zip _____
 Accounting method Cash Accrual Other (specify) _____

Gross receipts _____
 Inventory at beginning of the year \$ _____
 Inventory at end of the year \$ _____
 Total expenses \$ _____
 Net income \$ _____
 Did you purchase equipment? Yes No
 Specify _____
 First time filing a Schedule C? Yes No
 Did you use your home in connection with this business? Yes No

General Expenses

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Advertising			
Commission			
Employee benefits program			
Insurance			
Mortgage interest			
Other interest (except vehicle)			
Legal and professional			
Office expenses			
Phone			
Pension and profit sharing plans			

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Vehicle, machinery & equipment			
Maintenance			
Supplies			
Taxes—real estate			
Taxes—other			
Travel			
Total meals and entertainment			
Sub-contract labor			
Wages			
Other expenses			

Vehicle Expenses

Description of vehicle _____
 Cost of vehicle \$ _____
 Date placed in service _____
 Do you have a mileage log or other written records to support your miles driven? Yes No
 Total miles driven _____
 Business miles driven _____

Commuting miles _____
 Parking fees and tolls \$ _____
 Gasoline, lube, oil \$ _____
 Tires, repairs \$ _____
 Insurance \$ _____
 License plate fees/property tax \$ _____
 Interest (car loan) \$ _____

If there are no expenses for the Schedule C, explain why? _____

We prepare the returns from information you furnished us, without verification. Upon examination of the returns by taxing authorities, request may be made for underlying data. We therefore recommend that you preserve all records, which you may be called upon to produce in connection with such an examination.

I certify that the information on this and any other form submitted is complete and correct.

Client Signature _____ Spouse Signature _____ Date _____