

# THE TAX DOC

## SCHEDULE C WORKSHEET

Business Name:	Employer ID#(EIN):
Principal Business or Profession:	
Street Address:	
City:	State: Zip:
<b>*HOW LONG HAVE YOU OWNED YOUR BUSINESS?</b>	
<b>*BUSINESS BANK ACCOUNT: YES _____ NO _____ *BUSINESS LICENSE: YES _____ NO _____</b>	

### INCOME

**\*Please provide all income received including any 1099 – NEC \$ \_\_\_\_\_**

### EXPENSES

Advertising \$ _____ Commissions and Fees \$ _____ Contract Labor \$ _____ Employee Payroll \$ _____ Employee Benefits \$ _____ Insurance \$ _____ Interest – Mortgage \$ _____ Interest – Other \$ _____ Legal and Professional Svcs. \$ _____ Office Expense \$ _____	Rent – Vehicle, Machinery \$ _____ Rent – Other \$ _____ Repairs/Maintenance \$ _____ Supplies \$ _____ Taxes and Licenses \$ _____ Travel \$ _____ Meals \$ _____ Utilities \$ _____ Wages \$ _____ Other Expenses (*List Name/Amounts Below)
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Other Expenses (Continued):

**\*LIST PERCENTAGE % USED FOR BUSINESS (TEL/INTERNET, DUES/SUBSCRIPTIONS)**

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

### BUSINESS MILEAGE

Make/Model: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_

Was the Business Vehicle Available for Personal Use During Off-Duty Hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the Taxpayer (or Spouse) Have Another Vehicle Available for Personal Use? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Taxpayer Have Evidence to Support This Deduction? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes,” is the Evidence Written? Yes \_\_\_\_\_ No \_\_\_\_\_

Business Miles \_\_\_\_\_ Commuting \_\_\_\_\_ Other \_\_\_\_\_

**\*BUSINESS USE OF THE HOME (Square footage not to exceed 300sq feet.)** \_\_\_\_\_

**\*TOTAL SQUARE FEET OF HOME** \_\_\_\_\_