Business / Schedule C Tax Checklist   Tax Year _____

Profit & Loss Statement for: _____
                                                    (Entity Name)

Income / Sales $ _____

Expenses

Accounting	$ _____	Postage	$ _____
Advertising	$ _____	Printing	$ _____
Auto & Truck Expense	See Next Page	Rents	$ _____
Bad Debts	$ _____	Repairs & Maint	$ _____
Bank Charges	$ _____	Janitorial	$ _____
Commissions Paid	$ _____	Security	$ _____
Salary / Compensation of Officers	$ _____	Supplies	$ _____
Delivery & Freight	$ _____	Taxes	$ _____
Depreciation	$ _____	Payroll Taxes	$ _____
Dues & Subscriptions	$ _____	Property Taxes	$ _____
Employee Benefit Programs	$ _____	State Taxes	$ _____
Insurance	$ _____	Other Taxes	$ _____
Liability Insurance	$ _____	Telephone	$ _____
Self Employed Health Insurance	$ _____	Uniforms	$ _____
Workers Comp. Insurance	$ _____	Travel	$ _____
Other Insurance	$ _____	Airfare	$ _____
Interest Expense	$ _____	Hotel / Lodging	$ _____
Equipment / Tools < $500	$ _____	Transportation	$ _____
Laundry & Cleaning	$ _____	Utilities	$ _____
Legal & Professional	$ _____	Internet Service	$ _____
Continuing Education	$ _____	Website Expenses	$ _____
License & Permits	$ _____	Other Expenses:	
Meals & Entertainment	$ _____	_____	$ _____
Office Expenses	$ _____	_____	$ _____
Outside Services	$ _____	_____	$ _____
Parking & Tolls	$ _____	_____	$ _____
Salaries & Wages	Attach W-2s	_____	$ _____

Assets Purchased greater than $500

Date Purchased	Description	Amount
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____

Business / Schedule C Tax Checklist Continued

The information below is needed to deduct your automotive expenses:

Did you dispose of a vehicle used for business/work this tax year? _____ Yes _____ No

If yes, how much did you receive from the sale or disposal of vehicle? $ _____

Automobile Expense Worksheet

	Year	Make	Model
Vehicle 1	_____	_____	_____

Date placed in service _____
Cost of vehicle $ _____   If New- Sales Tax Paid $ _____
Total miles driven Jan-Dec _____
Business Miles Jan-Dec _____
Commuting Miles _____

Is this a leased vehicle? [ ] Yes   [ ] No

If yes, total vehicle lease pmts $ _____

Vehicle 1 - Actual Expenses

Gasoline $ _____
Repairs & Maintenance $ _____
Car Washes $ _____
Insurance $ _____
Vehicle Registration Fee $ _____
Interest on the Vehicle Loan $ _____

	Year	Make	Model
Vehicle 2	_____	_____	_____

Date placed in service _____
Cost of vehicle $ _____   If New- Sales Tax Paid $ _____
Total miles driven Jan-Dec _____
Business Miles Jan-Dec _____
Commuting Miles _____

Is this a leased vehicle? [ ] Yes   [ ] No

If yes, total vehicle lease pmts $ _____

Vehicle 2 - Actual Expenses

Gasoline $ _____
Repairs & Maintenance $ _____
Car Washes $ _____
Insurance $ _____
Vehicle Registration Fee $ _____
Interest on the Vehicle Loan $ _____