

THE TAX OFFICE

Schedule C

Tax Year:

SELF-EMPLOYED / INDEPENDENT CONTRACTOR

Taxpayer Name: _____ **Business EIN#:** _____

Business Name (Not DBA): _____

Type of Business: _____

(ex: Nail Tech, Landscaper, Photography, Realtor, Twitch Streamer, Uber etc)

Business Address (if different from home): _____

City: _____ **State:** _____ **Zip Code:** _____

Please **SELECT ANY** of the following that apply to your business:

- ☐ Started or Acquired Business last year
Business Start Date: ____/____/____
- ☐ Made payments to others for work performed
- ☐ Statutory Employee
- ☐ Income from Wedding, Baptism or Ministerial Work

INCOME INFORMATION

\$ _____ **Gross Income From Sales**

\$ _____ **Returns and Allowances** (Refunds or Reductions in Price of Goods/Services)

Important Notice: Please Provide EXACT Numbers for Expenses

To ensure the accuracy and efficiency of our tax services, kindly refrain from using estimated figures. Should you use estimated figures, you increase your likelihood to get **audited by the IRS**. Let's work together to decrease those odds.

HOME OFFICE INFORMATION

Home Office (sq ft): _____ **Total Area of Home** (sq ft): _____

(Please provide Total Annual Costs):

\$ _____ ☐ **Mortgage** ☐ **Rent**

Other Expenses \$ _____

\$ _____ **Office Repairs/Maintenance**

Please Describe Other Expenses:

\$ _____ **Utilities**

VEHICLE INFORMATION #1

Vehicle #1 Year: _____ **Make:** _____ **Model:** _____

Date Placed in Service: ____/____/____

Business Miles Driven: _____ **Non-Business Miles Driven Last Year:** _____

(Please provide Total Annual Costs per vehicle):

\$ _____ **Tolls & Parking Fees**

\$ _____ **Oil Changes**

\$ _____ **Car Washes**

\$ _____ **Tire Change**

\$ _____ **Gas / Fuel**

\$ _____ **Vehicle Insurance**

\$ _____ **License Plate**

\$ _____ **Vehicle Rentals**

\$ _____ **Lease Payments**

\$ _____ **Maintenance & Repairs**

VEHICLE INFORMATION #2

Vehicle #2 Year: _____ **Make:** _____ **Model:** _____

Date Placed in Service: ____/____/____

Business Miles Driven: _____ **Non-Business Miles Driven Last Year:** _____

(Please provide Total Annual Costs per vehicle):

\$ _____ **Tolls & Parking Fees**

\$ _____ **Oil Changes**

\$ _____ **Car Washes**

\$ _____ **Tire Change**

\$ _____ **Gas / Fuel**

\$ _____ **Vehicle Insurance**

\$ _____ **License Plate**

\$ _____ **Vehicle Rentals**

\$ _____ **Lease Payments**

\$ _____ **Maintenance & Repairs**

BUSINESS EXPENSES: Part I

(Please provide Total Annual Costs):

\$ _____ Advertising (cards, flyers)	\$ _____ Pension and Profit-Share
\$ _____ Commissions and Fees	\$ _____ Rental (vehicles/machinery)
\$ _____ Contract Labor	\$ _____ Rent or Lease
\$ _____ Depletion (farm loss)	\$ _____ Repairs & Maintenance
\$ _____ Employee Benefit Programs	\$ _____ Supplies
\$ _____ Business Insurance	\$ _____ Taxes and Licenses
\$ _____ Interest (bank mortgage)	\$ _____ Travel (hotel, flight etc)
\$ _____ Interest (other)	\$ _____ Business Meals
\$ _____ Legal and Professional Fees	\$ _____ Business Utilities
\$ _____ Office Expense	\$ _____ Employee Wages

BUSINESS EXPENSES: Part II

(Please provide Total Annual Costs):

\$ _____ Alarm & Security System	\$ _____ Delivery Shipping & Postage
\$ _____ Bank Fee (charged monthly)	\$ _____ Dry Cleaning / Laundry
\$ _____ Books & Magazines	\$ _____ Education / Seminars
\$ _____ Business Meetings & Events	\$ _____ Garbage / Disposal
\$ _____ Camera & Equipment	\$ _____ Health Insurance Premiums
\$ _____ Cellphone Bill & Accessories	\$ _____ Internet
\$ _____ Computer Hardware	\$ _____ Interviews
\$ _____ Client Gifts	\$ _____ Janitorial / Cleaning

BUSINESS EXPENSES: Continued

\$ _____ LLC Filing Costs	\$ _____ Seller Fees (square, paypal)
\$ _____ Machinery	\$ _____ Software (adobe, canva etc)
\$ _____ Membership Dues	\$ _____ Sponsorships
\$ _____ Office Furniture	\$ _____ Streaming Services
\$ _____ Office Signs / Signage	\$ _____ Transportation (bus, uber)
\$ _____ Permits & Certifications	\$ _____ Tools / Toolbox
\$ _____ Printer & Ink	\$ _____ Uniforms / Business Attire
\$ _____ Safety Equipment (fire ext.)	\$ _____ Website

Other Business Expenses (please describe):

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

\$ _____ **Describe Other:** _____

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\$ _____ **Describe Other:** _____

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\$ _____ **Describe Other:** _____

The Tax Office

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