

1099 - SCHEDULE C (Self-Employment)

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Owner Name:	SSN/EIN:	
Business Name:	Date Established	
Business Address:		
Description of Operations:		
1099-MISC TOTAL INCOME RECEIPTS	\$	
OTHER INCOME RECEIPTS	\$	
EXPENSES		
Advertising (Flyers, Newspaper Ads, Radio/TV Spots)		
Car & Truck Business Expenses # of Business Miles		
Commissions & Fees Paid (paid to non-employees, agents)		
Depreciation and Section 179 Deductions	<u> </u>	
Employee Benefit Programs (employee fringe benefits/insurance	, etc.)	
Contract Labor - 1099s		
Depletion/Depreciation		
Insurance (Liability, Fire, Theft, Business, Commercial)		
Legal and Professional Services (Lawyers, Notary, Bookkeeping,	, Taxes, etc.)	
Office Expenses (Stamps, Stationery, Supplies: soap, TP, etc.)		
Pension and Profit-Sharing Plans		
Rent/Lease (vehicles, machinery, or equipment)	<u> </u>	
Rent/Lease (Office - Storage - other business property)		
Supplies (supplies to perform work: Materials, Tools, Protection &	Equipment)	
Taxes and Licenses, Permits		
Travel (Business travel)		
Meals and Entertainment (client business lunches, client entertai	nment)	
Utilities (phone, mobile phone, electricity, gas, etc.)		
Other Expenses (please specify each expense)		
I/WE, THE UNDERSIGNED, CERTIFY THAT THE ABOV	'E INFORMATION IS TRUE AND	
CORRECT TO THE BEST OF MY/OUR KNOWLEDGE	AND IS BROVIDED TO GRINGO	
CORRECT TO THE BEST OF WIT/OUR KNOWLEDGE F	AND IS PROVIDED TO GRINGO	
PADRINO TO ASSIST IN THE PREPARATION OF MY/C	OUR INCOME TAXES.	

TAXPAYER SIGNATURE _____ DATE: _____