



# SCHEDULE C WORKSHEET

## Client Information

Client Name:

Business Name:

Business Type (e.g., Sole Proprietor):

EIN (if applicable):

Tax Year:

Primary Business Activity/NAICS Code:

Business Start Date:

Accounting Method (Cash/Accrual):

State and Local Tax Filing Requirements:

## Income

### 1. Gross Receipts or Sales (Line 1):

Total Income:

- Breakdown of income sources (attach additional pages if needed):

Source 1:

\$

Source 2:

\$

- Attach copies of 1099-NEC, invoices, and any other income documentation

### 2. Returns and Allowances (Line 2):

Refunds/Discounts Given: \$

Description of returns or allowances:

### 3. Gross Income (Line 7): (Line 1 - Line 2)

\$



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## Expense Worksheet

Category	Description/Details	Amount (\$)	Notes/Receipts Attached?	
Advertising (Line 8)			YES	NO
Car and Truck (Line 9)			YES	NO
Commissions (Line 10)			YES	NO
Contract Labor (Line 11)			YES	NO
Depreciation (Line 13)			YES	NO
Insurance (Line 15)			YES	NO
Interest (Line 16a/b)			YES	NO
• Mortgage:			YES	NO
• Other:			YES	NO
Legal/Professional (Line 17)			YES	NO
Office Expenses (Line 18)			YES	NO
Pension/Profit-Sharing Plans (Line 19)			YES	NO
Rent/Lease (Line 20a)			YES	NO
• Business Property:			YES	NO
• Equipment:			YES	NO
Repairs/Maintenance (Line 21)			YES	NO
Supplies (Line 22)			YES	NO
Taxes/Licenses (Line 23)			YES	NO
Travel (Line 24a)			YES	NO
Meals (Line 24b)			YES	NO
Utilities (Line 25)			YES	NO
Wages (Line 26)			YES	NO
Other Expenses (Line 27a)			YES	NO
<b>Total Expenses (Line 28):</b>	\$			



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## Cost of Goods Sold (if applicable)

Inventory at Beginning of Year (Line 35): \$

Purchases (Line 36): \$

Less: Cost of Personal Use Items: \$

Cost of Labor (Line 37): \$

Materials and Supplies (Line 38): \$

Other Costs (Line 39): \$

Inventory at End of Year (Line 41): \$

Cost of Goods Sold (Line 42): (Calculated) \$

## Net Profit or Loss

Gross Income (Line 7): \$

Total Expenses (Line 28): \$

Net Profit or Loss (Line 31): \$

## Other Information

1. Did the client materially participate in the operation of this business? YES/NO

2. Did the client make payments that require filing Form(s) 1099? YES/NO

- If Yes, have Forms 1099 been filed? Yes / No

3. Home Office Deduction:

• Total Home Square Footage:

• Office Square Footage:

• Business Percentage:

Breakdown of Total Home Expenses:

• Mortgage Interest: \$

• Utilities: \$

• Repairs: \$

Deduction Amount: \$

• Rent: \$

• Insurance: \$

• Other: \$

4. Other Deductions or Adjustments:

- Details:



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## Notes and Attachments

Special Situations or Adjustments:

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Attachments Provided:

- **Income Documentation (e.g., 1099s, invoices): Yes / No**
- **Expense Receipts (sorted by category): Yes / No**
- **Mileage Logs (if applicable): Yes / No**
- **Prior Year Tax Return: Yes / No**
- **Asset/Depreciation Schedules: Yes / No**

## Preparer Checklist

1. Verify all income and expenses have been documented and supported.
2. Confirm all necessary Forms 1099-NEC have been accounted for.
3. Cross-check receipts and statements against expense categories.
4. Calculate home office deduction if applicable.
5. Confirm accurate Cost of Goods Sold calculation if applicable.
6. Reconcile total expenses to receipts provided.
7. Ensure depreciation schedules are updated and included.
8. Review calculations for accuracy and completeness.
9. Complete Schedule C and verify against supporting documentation.
10. File the tax return electronically or by mail after final review.

CALL US AT 656-242-9741