

Schedule C Checklist

Client Name: _____ Tax Year: _____

Business Name: _____ Address: _____

Business Start Date: _____ EIN number: _____

Type of business: _____

Need Prior year tax return **ONLY** for new clients

Income:

Profit and Loss

1099-Nec

1099-K

<u>Expenses</u>	<u>Description:</u>	<u>Amounts:</u>
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Assets Purchased: _____

Advertising: _____

Bank and Merchant Fees: _____

Client Cost/Gifts: _____

Commission: _____

Contract Labor: _____

(1099s)

Auto Insurance: _____

Business Insurance: _____

Estimates Paid _____

Legal & Professional: _____

Licenses: _____

Loans Interest Paid: _____

Office Supplies/Expenses: _____

Rent or Leases: _____

Repairs and Maintenance: _____

Supplies: _____

Travel Expense: _____

Telephone: _____

Utilities: _____

W3 for W2 wages _____

Other Expenses: _____

Vehicle Use:

Year: _____ Make: _____ Year Purchased: _____ Amount: _____

Total Miles: _____ Business: _____ Personal: _____

Fuel _____ Insurance _____ Maintenance _____

***If purchased this year we need purchase agreement and/or Sales Tax Paid**

Home Office:

Home Square Foot: _____ Office Square Foot: _____

If home is used primarily for the business: Please fill out below

Rent/Mortgage _____ Utilities: _____

Repairs: _____ Property Tax: _____