

# Schedule C Worksheet

for Self Employed Businesses and/or Independent Contractors

**IRS requires we have on file your own information to support all Schedule C's**

Business Name (if any) \_\_\_\_\_ Address (if any) \_\_\_\_\_

Employer ID # (if any) \_\_\_\_\_

Is this your first year in business?  Yes  No

Did you make payments requiring a Form 1099?  Yes  No If 'YES' did you file required Form 1099?  Yes  No

**GROSS INCOME** \_\_\_\_\_ \$ \_\_\_\_\_  
(not necessarily amount shown on 1099's)

**COST OF GOODS SOLD (Retail Businesses ONLY)**

Beginning of Year Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of labor (Do not include salary paid to self)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
End of Year Inventory	\$ _____

**GENERAL EXPENSES:**

Advertising	\$ _____	Office Expense	\$ _____
Contract Labor	\$ _____	Pension and Profit Sharing	\$ _____
Commission and Fees	\$ _____	Rent or Lease Equipment	\$ _____
Depletion	\$ _____	Rent or Lease of Property	\$ _____
Employee Benefit Programs	\$ _____	Repairs and Maintenance	\$ _____
Health Insurance	\$ _____	Supplies	\$ _____
Insurance (other than health)	\$ _____	Taxes and Licenses	\$ _____
Long-Term Care Insurance	\$ _____	Travel	\$ _____
Mortgage Interest	\$ _____	Meals & Entertainment	\$ _____
Other Interest	\$ _____	Utilities	\$ _____
Legal and Professional Services	\$ _____	Wages (W-2s Issued)	\$ _____

**OTHER EXPENSES:**

Cell Phone ____% used for business	\$ _____	Tools	\$ _____
Bank & Credit Card Charges	\$ _____	Uniforms	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**CAR & TRUCK EXPENSES:**

Description of Vehicle: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Date you placed your vehicle in service for business purposes \_\_\_\_\_

**BUSINESS MILEAGE:** \_\_\_\_\_ (Do not include mileage to and from home unless your office is in your home)

Do you have (or your spouse has) another vehicle available for personal use.  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No Is evidence written  Yes  No

**DEPRECIATION:** Did you purchase any major pieces of equipment?  Yes  No IF YES list:

Equipment _____	Date _____	Amount \$ _____
Equipment _____	Date _____	Amount \$ _____

**EXPENSES FOR BUSINESS USE OF YOUR HOME:**

Do you have an Office in Your Home?  Yes  No IF YES Complete questions below

Sq. Ft of Office \_\_\_\_\_ Sq. Ft of Home \_\_\_\_\_ Real Estate Taxes \$ \_\_\_\_\_

Mortgage Interest / Rent Paid \$ \_\_\_\_\_ HO Insurance \$ \_\_\_\_\_ Utilities (Lights and Gas) \$ \_\_\_\_\_

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I certify that I have listed **all income, all expenses**, and I have documentation to back up the figures entered on this worksheet. For tax year \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_