

PROFIT AND LOSS FROM BUSINESS – SCHEDULE C

(If you have financial statements or QuickBooks please provide these records (backup copy of data) along with copies of year-end payroll records, fixed asset purchases, and miles if applicable. Only complete details below if you do not have financial statements or bookkeeping records)

Name of Business:	
Name of Contact:	
Principal Product/Service	
Tax ID#	

Business Income	Amount
Gross Receipts or Sales	
Other (<i>Describe</i>):	
Cost of Goods Sold (List Below):	Amount
Cost of Labor	
Purchases and Materials	
Other (<i>Describe</i>):	
Business Expenses (List Below):	Amount
Returns and Allowances	
Advertising	
Auto Expenses (Business mileage): _____	
Commissions and Fees	
Contract Labor	
Employee Benefit Programs	
Insurance (<i>Other than Health</i>)	
Interest Expense	
Legal and Professional Services	
Office Expenses	
Pension and Profit-Sharing Plan	

Rent or Lease of Machinery and Equipment	
Rent or Lease of Real Estate	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel (Hotel, Airfare, Parking, etc.)	
Meals	
Utilities	
Wages <i>(Please include all W2's)</i>	
Dues and Subscriptions	
Other <i>(Describe):</i>	

LIST OF SIGNIFICANT PURCHASES FOR BUSINESS USE *(Greater than \$500 and NOT included in any expenses above)*

Description of Property	Date Purchased	Cost

DO YOU USE A HOME OFFICE STRICTLY FOR YOUR BUSINESS?: *(if so, please provide the following)*

HOME OFFICE EXPENSES:	
Square Footage on your entire home:	
Square Footage of your home office:	
Mortgage Interest Paid:	

Rent Paid:	
Real Estate Taxes Paid:	
Homeowner's or Renter's Insurance:	
Utilities Paid: <i>(for entire year)</i>	
Other <i>(Describe)</i> :	

1099 Filing	Yes	No
Did you pay an independent contractor(s) over \$600 for the year?		
If you checked yes, did you issue the required 1099 for each contractor paid?		

Additional Notes

