



Profit or Loss From Business

Schedule C

Business Name:

Principal Business or Profession:

Business Address:

Employer Tax I.D. Number: (If applicable)

Miscellaneous:

Yes

No

Did you pay for your own health insurance (not through employer) at anytime during the year?

Did you provide health insurance for any employees during the tax year?

Did you pay anyone other than your employees in excess of \$600 for personal services or rent?

Did you use an area in your home on a regular and exclusive basis for your business?

Income:

Gross Revenue

Other Income

Cost of Goods Sold:

Inventory at Beginning of Year

Purchases (Less cost of items withdrawn for personal use)

Cost of Labor

Materials

Other Costs

Other Costs

Inventory at End of Year

Expenses:

Advertising

Commissions and Fees

Contract Labor

Employee Benefit Programs

Insurance (Other than health or auto insurance)

Mortgage Interest (Other than personal residence)

Interest - Other

Legal and Professional Services

Office Expense

Pension and Profit Sharing Plans

Rent or Lease - Vehicles, Machinery, and Equipment

Rent - Other

Repairs and Maintenance (Other than automobile)

Supplies

Taxes and Licenses

Travel

Meals and Entertainment

Utilities

Wages

Auto Expense Worksheet

Schedule C

Vehicle Information:

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Placed Into Service:			
Vehicle Year:			
Vehicle Make:			
Vehicle Model:			

Mileage Information:

Business Miles Driven During the Year			
Total Miles Driven During the Year			

Other Auto Related Expense:

Auto Loan Interest			
License Tabs			
Parking Fees			
Tolls			

Actual Expenses: (Only complete if not using the IRS standard mileage rate of 58 cents per mile)

Garage Rent			
Gas			
Insurance			
Oil Change			
Repairs			
Tires			
Lease Payments			
Car Wash			
Other -			
Other -			
Other -			
Other -			

Miscellaneous:

Do you have another vehicle available for personal use?	Yes	No
Was your vehicle available for use during off-duty hours?	Yes	No
Do you have evidence to support your deduction?	Yes	No
If yes, is the evidence written?	Yes	No

Preparer Use Only: (Only necessary if using Actual Cost Method)

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Purchased			
Purchase Price			
FMV (If converting from personal to business use)			
Is Loaded GVW over 6,000 lbs.			
New or Used			