



# 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 receive a Paycheck Protection Program loan during 2020? Loan amount \$ \_\_\_\_\_

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Purchases (Less cost of items withdrawn for personal use)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

## Other Expense and Asset Purchases

Schedule C

**Other Expense:**

Association and Membership Fees	
Bank Charges and Returned Check Fees	
Business Gifts (Made from business to promote business)	
Charitable Contributions (Made from business to promote business)	
Cleaning and Maintenance	
Credit Card Fees	
Dues and Subscriptions	
Postage and Mailings	
Professional Education	
Safety Equipment	
Seminar Expense	
Small Tools and Equipment	
Web Hosting	
Other -	
Other -	
Cable TV (Business use % if not 100% _____%)	
Internet (Business use % if not 100% _____%)	
Telephone (Business use % if not 100% _____%)	

**Home Office: Complete if you used an area of your home on a regular and exclusive basis for your business.**

Mortgage Interest		<u>Office Dimensions: (If not already on file)</u>	
Real Estate Taxes		Square Footage Used for Business	
Home Owners Insurance		Total Square Footage of Home	
Rent		<u>Home Information: (If not already on file)</u>	
Repairs and Maintenance		Date you first started using your home office?	
Utilities (Gas, Electric, Water & Garbage)		Current Fair Market Value of Your Home?	
Security System		Initial Purchase Price of Your Home?	
Other		Cost of Improvements made since purchase?	

**Asset Purchases: Complete if you purchased any business assets during the year.**

Date		Purchase	Business Use %	New or Used
<u>Purchased</u>	<u>Description of Property</u>	<u>Price</u>	<u>(If not 100%)</u>	<u>(Circle One)</u>
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used

Did you convert any personal use assets to business assets during the year? If yes, provide details.	Yes	No
Did you sell or otherwise dispose of any business assets during the year? If yes, provide details.	Yes	No

# 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 57.5 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 Expense 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			

# Covid Related Provisions for Self-Employed Individuals

Schedule C

## Credit for Sick Leave for Certain Self-Employed Individuals:

Were you unable to perform services as a self-employed individual at anytime during April 1 through December 31, 2020, because of one or more of the following reasons:

<b>Section 1: Certain coronavirus related care you required</b>	<u>Yes</u>	<u>No</u>
• You were subject to a federal, state, or local quarantine or isolation order related to Covid-19.		
• You were advised by a health care provider to self-quarantine due to concerns related to Covid-19.		
• You were experiencing symptoms of Covid-19 and seeking a medical diagnosis.		
If you answered yes to any of the above enter the number of days you were unable to work.		

Were you unable to perform services as a self-employed individual at anytime during April 1 through December 31, 2020, because of one or more of the following reasons:

<b>Section 2: Certain coronavirus related care you provided to another</b>	<u>Yes</u>	<u>No</u>
• You were caring for an individual who was subject to a federal, state, or local quarantine or isolation order related to Covid-19.		
• You were caring for an individual who was advised by a health care provider to self-quarantine due to concerns related to Covid-19.		
• You were caring for a son or daughter because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to Covid-19 precautions.		
If you answered yes to any of the above enter the number of days you were unable to work*		

\*Do not include days you already included Section 1

## Credit for Family Leave for Certain Self-Employed Individuals:

<b>Credit for Family Leave for Certain Self-Employed Individuals:</b>	<u>Yes</u>	<u>No</u>
Were you unable to perform services as a self-employed individual at anytime during April 1 through December 31, 2020, because of certain coronavirus related care you provided to a son or daughter whose school or place of care was closed or whose childcare provider was unavailable for reasons relating to Covid-19?		
If you answered yes to the above enter the number of days you were unable to work?*		

\*Do not include the same days you already included in Section 1 or Section 2

## Qualified Sick Leave and Qualified Family Leave wages received from an employer: (See W-2 Box 14)

<b>Qualified Sick Leave and Qualified Family Leave wages received from an employer: (See W-2 Box 14)</b>	<u>Yes</u>	<u>No</u>
Did you also receive qualified sick leave wages from an employer during 2020? If yes, provide details.		
Did you also receive qualified family leave wages from an employer during 2020? If yes, provide details.		

### Additional Info:

The maximum number of days that can be taken into account when claiming the Credit for Sick Leave for Certain Self-Employed Individuals is 10 days.

The maximum number of days that can be taken into account when claiming the Credit for Family Leave for Certain Self-Employed Individuals is 50 days.

If a day meets the requirements for both the Credit for Sick Leave and the Credit for Family Leave you can only count the day once and should not include the same day for both credits.

A son or daughter must generally be under 18 years of age or incapable of self-care because of a mental or physical disability.