

Schedule C Business Worksheet

Client Name: _____ EIN: _____

Principal business or profession: _____

Business Name: _____

Business Address: _____

INCOME

Gross receipts or sales: \$ _____

Returns & allowances: \$ _____

Other Income	Description	Amount
Total Other Income		\$ _____

Cost of Goods Sold

Inventory at beginning of year \$ _____

Purchases \$ _____

Cost of items for personal use \$ _____

Cost of labor \$ _____

Materials & supplies \$ _____

Other Costs	Description	Amount

Inventory at end of year \$ _____

TOTAL COST OF GOODS SOLD	\$ _____
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EXPENSES

Accounting		Supplies	
Advertising		Taxes/Licenses – Real Estate	
Bank charges		Taxes/Licenses - Payroll taxes	
Car & Truck expense		Taxes/Licenses – Sales tax	
Commissions		Taxes/Licenses – Other	
Contract labor		Telephone	
Delivery & freight		Tools	
Dues & subscriptions		Travel – Airfare, Lodging, Transportation	
Employee benefits		Travel - Meals	
Insurance (other than health)		Utilities	
Interest (Bank)		Wages	
Interest - Other			
Legal & professional		Other	
Miscellaneous			
Office expense			
Parking & Tolls			
Pension/Profit sharing			
Postage			
Rent or Lease - Vehicles			
Rent or Lease – Machinery Equipment			
Rent or Lease - Building			
Rent or Lease - Other			
Repairs			
Security			
Supplies		TOTAL EXPENSES	

NEW EQUIPMENT OR ASSETS

Description	Date Placed in Service	Cost

Do you have an Office in Your Home? Yes No

If yes Sq Ft of Office _____ Sq Ft of Home _____

Real Estate Taxes \$ _____ Mortgage Interest \$ _____

HO Insurance \$ _____ Utilities \$ _____