Lionels Tax & Bookkeeping Service
http://lionelstaxbkkpg.com, **Lionel Mosley,** TEL: (408) 274-8727 lionelstaxbkkpg@att.net

Schedule C Worksheet (Profit or Loss from Business)
for Self Employed Businesses and/or Independent Contractors

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

Business Name (if any)_____ **Address** (if any)_____

Is this your first year in business? Yes__ No__ Federal ID # (if any)_____

Did you make payments requiring a Form 1099? Yes__ No__? If 'YES' did you file required Form 1099? Yes__ No__?

A. Non 1099 income (not necessarily amount shown on 1099's) $ _____

B. Total 1099-NEC, 1099-MISC income $ _____

Total Gross Business Income (total of A & B) **$ _____**

All Business Expenses:

Advertising	$_____	Repairs and Maintenance	$_____
Commissions and Fees	$_____	Supplies (not included above)	$_____
Contract Labor (1099's Issued, if app)	$_____	Real Estate Taxes (If paid for bus.)	$_____
Insurance (other than health)	$_____	Other Taxes (Payroll)	$_____
Health Insurance (for you)	$_____	Travel (do not include meals)	$_____
Health Insurance (for your employees)	$_____	Meals and Entertainment	$_____
Mortgage Interest (If paid for Business)	$_____	Utilities	$_____
Other Interest Paid	$_____	Wages (W-2's Issued)	$_____
Professional Fees	$_____	Bank and CC Charges	$_____
Office Expenses	$_____	Tools	$_____
Rent on Business Property	$_____	Uniforms ... logo .. YES *or* NO	$_____
Equipment Rentals	$_____	License / Dues	$_____
Telephone ___ % used for business	$_____	Other Exp total from page 2	$_____

Car & Truck Expense (page 2 for additional vehicle)

- Year _____Make_____ Model_____ Purchase Price $_____ Date placed into business service _____
- Odometer reading Beginning of year _____. Odometer reading End of year _____.
- Business Mileage _____(Do not include mileage to and from home unless your office is in your home)

Question MUST be answered >> Do you have "evidence" to support your mileage? . . .. . Yes __ No __

and this if applicable >> If yes, is the "evidence" written? . . . . . . Yes __ No __

"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS could ask for odometer readings from oil changes, repair invoices, purchase and sale documents.

- Did you purchase any major pieces of equipment? Yes __ No __ IF YES list: (page 2 for additional equipment)

Equipment_____ Date_____ Amount $_____ Percent of bus use _____%

Equipment_____ Date_____ Amount $_____ Percent of bus use _____%

Office in the Home Expense (Area of the home exclusively used for business)

- 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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Cost of Goods Sold - Retail Businesses ONLY:

Beginning Inventory $_____
Merchandise Purchased for Resale $_____
Cost of labor (Do not include $'s paid to yourself). $_____
Materials & Supplies $_____
Other Direct Sales Costs $_____
Ending Inventory $_____

Other Business Expenses

Expense	Amount	Expense	Amount
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

Additional Car & Truck Expense

- Year _____Make_____ Model_____ Purchase Price $_____ Date placed into business service _____
- Odometer reading Beginning of year _____. Odometer reading End of year _____.
- Business Mileage _____(Do not include mileage to and from home unless your office is in your home)

Additional major pieces of equipment purchases:

Equipment_____ Date_____ Amount $_____ Percent of bus use _____%
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Equipment_____ Date_____ Amount $_____ Percent of bus use _____%

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