

SCHEDULE C INFORMATION – ONE FORM PER BUSINESS

If possible, please provide current Profit & Loss and Balance Sheet. Please attach any appropriate documents that you have used for this section in previous years.

Business Information

Name: _____ Industry: _____
Address: _____ Bus. Code: _____
_____ EIN: _____
Owners: _____ Date Started: _____
_____ Acct. Method: Cash Accrual Other
_____ Accountant: _____

General Information

Business Vehicle Make: _____ Home Office: Yes No
Model: _____ *If yes, please complete Home Office Worksheet*
Year: _____
Date Placed in Service: _____ Depreciable assets? Yes No
Total Miles Driven: _____ *If yes, please provide latest depreciation schedule. The
Business Miles Driven: _____ schedule should include Asset description, date placed in
Commute Miles Driven: _____ service, cost, accumulated depreciation and method of
depreciation and years*

*If you have more business vehicles, please provide the
above information for them*

Self Employed Health Insurance? Yes No
If yes, cost: \$ _____

Total Sales: \$ _____
Other Income: \$ _____
Total Income: \$ _____

Full Time Employees: _____
Part Time Employees: _____ Seasonal: _____

General Expenses – Required if not on P&L or other document provided

Advertising:	\$ _____	Legal & Professional:	\$ _____	Taxes & Licenses:	\$ _____
Auto Expenses:	\$ _____	Office Expense:	\$ _____	Travel:	\$ _____
Commissions:	\$ _____	Wages to Self:	\$ _____	Business Meals:	\$ _____
Contract Labor:	\$ _____	Wages to Children:	\$ _____	Utilities:	\$ _____
Depletion:	\$ _____	Wages to Others:	\$ _____	_____:	\$ _____
Depreciation:	\$ _____	Pension/Profit Sharing:	\$ _____	_____:	\$ _____
Employee Benefits:	\$ _____	Vehicle/Machine Lease:	\$ _____	_____:	\$ _____
Insurance (Not Health):	\$ _____	Other Lease:	\$ _____	_____:	\$ _____
Mortgage Interest:	\$ _____	Repairs/Maintenance:	\$ _____	_____:	\$ _____
Other Interest:	\$ _____	Supplies:	\$ _____	_____:	\$ _____

Notes