SCHEDULE C WORKSHEET

FOR SELF EMPLOYED BUSINESSES AND/OR INDEPENDENT CONTRACTORS **Tax Year 20____**

Biz and/or Client Name: _____ Type of Biz: _____Code:_____

Federal ID# (if any): _____ Address (if any) _____

Did you make any payments requiring a From 1099? Y If "YES" did you file the 1099's? Yes__ No__

Total Gross Business Income - Receipts or Sales (Not shown on 1099):	$

RETAIL BUSINESSES ONLY

Beginning Inventory	$	Materials & Supplies	$
Merchandise Purchased for Resale	$	Other Direct Sales Costs	$
Cost of Labor (Not $ paid to you)	$	Ending Inventory	$

ALL BUSINESSES

Advertising	$	Rent or Lease:	
Cell Phone or Business Ph	$	a.Vehicles, machinery & equip	$
Commissions & Fees	$	b.Other business property	$
Contract Labor	$	Repairs & Maintenance	$
Insurance (other than health)	$	Supplies (not included in Part III)	$
Interest:		Taxes & Licenses	$
a.Mortgage(paid to banks,etc)	$	Travel and Meals:	
b.Other	$	a.Travel	$
Legal & Professional Fees (Tax Prep)	$	b. Deductible Meals	$
Office Expenses	$	Uniforms	$
Other:	$	Utilities	$
Other:	$	Wages(less employee credits)	$
Other:	$	Other:	$

Business Mileage (Do not include mileage to and from home unless yur office is in your home)

January - December Mileage: _____ $0.70 per mile

Do you have evidence to support your mileage? Yes ___ No ___

Is this evidence written? Yes ___ No ___

"Evidence" include 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 (if yes, list)

Equipment: _____ Date: _____ Amount $ _____

Equipment: _____ Date: _____ Amount $ _____

Do you have an office in your home? (if yes, complete the questions below) FORM 8829

Office Sq Ft: _____ HO Insurance $_____ Other Expenses $_____

Home Sq F t _____ Utilities(Elec/Gas) $_____ Prop Tax (if sch A) $_____

Rent Paid $ Repairs & Maint $ Mort Int (if sch A) $

I certify that I have listed ALL INCOME, ALL EXPENSES, and I have documentation to back up the figures entered on this worksheet

Printed Name:_____ Signature: _____ Date: _____