

SCHEDULE C WORKSHEET

Client: _____

BUSINESS NAME: _____

ADDRESS: _____

NAICS: _____ TYPE: _____ START DATE: _____

INCOME: _____

OTHER INCOME: _____

CONTRACT LABOR: _____

1099s ISSUED? _____

START INVENTORY: _____

PURCHASE (-PERS) = TOT: _____

ENDING INVENTORY: _____

COST OF GOODS: _____

ADV.: _____

COMM/FEES: _____

INSURANCE: _____

INT. PD: _____

LEGAL/PROF: _____

OFF. EXP.: _____

RENT: _____

REPAIRS/MAINT: _____

SUPPLIES: _____

TAXES/LIC: _____

TRAVEL: _____

MEALS: _____

UTILITIES: _____

WAGES: _____ **W2'S:** _____

OTHER: _____

NEW ASSET: _____

DEP. BASIS: _____

HO (USE 8829): YES NO

AUTO: MILEAGE: _____

OTHER: _____