



Business Income (Schedule C)

Business Name _____

Business Address _____

Federal ID # _____

Did you make any payments that required you to file form(s) 1099? ____ YES ____ NO

If yes, did you file the required form(s)? ____ YES ____ NO

Expenses

<u>Income</u>		<u>Description</u>	<u>Amount</u>
<u>Description</u>	<u>Amount</u>		
Gross Receipts or Sales	\$ _____	Advertising	\$ _____
Returns and Allowances	\$ _____	Bad Debt Expense	\$ _____
Other Income	\$ _____	Car and Truck (if not claiming mileage)	\$ _____
_____	\$ _____	Asset Purchases*	\$ _____
		Insurance (not health)	\$ _____
		Interest	\$ _____
		Legal/Professional Expenses	\$ _____
		Office Supplies	\$ _____
		Rent	\$ _____
		Repairs and Maintenance	\$ _____
		Supplies	\$ _____
		Taxes / Licenses	\$ _____
		Travel	\$ _____
		Meals / Entertainment	\$ _____
		Utilities	\$ _____
		Wages	\$ _____
		Other	\$ _____
		Other	\$ _____

<u>Cost of Goods Sold</u>			
<u>Description</u>	<u>Amount</u>		
Beginning Inventory	\$ _____		
Purchases	\$ _____		
Labor	\$ _____		
Materials	\$ _____		
Other Costs	\$ _____		
Ending Inventory	\$ _____		

<u>Other</u>			
Health Insurance Premiums	\$ _____		
Business Miles Driven	_____		
Total Miles Driven	_____		

***Please provide purchase documents for any asset purchases made during the year
IE: car, equipment, computers, furniture, etc.**