

Small Business-Schedule C

Name _____ Contact Number _____

Business Name _____
Business Address _____
Business Phone _____
Business EIN (if applicable) _____
Business Industry _____

Income

1099 _____
Cash/Check _____
Total: _____

Expenses

Advertising _____
Office _____
Repairs _____
Maintenance _____
Supplies _____
Licenses _____
Taxes Paid _____
Travel _____
Utilities _____
Payroll _____ *Please Provide Payroll Summary
Sub Contractors _____ *Please provide W-9
Equipment _____
Telephone _____
Meals _____
Misc _____
Professional Fees _____
Total: _____

Did you pay any subcontractors that would require the filing of 1099's _____ Yes/No
Did you invest any of your own monies into the business _____ Yes/No
Did you open or end the business during the tax year _____ Yes/No
Did you purchase any large equipment or assets during the tax year _____ Yes/No
Did you utilize a home office _____ Yes/No

Additional fees will apply for the calculation of receipts