



Schedule C - Profit or Loss from Business

Client Name: _____

General Business Information

Business Name: _____

Product or Service: _____

Business address, city, state, zip: _____

- This business started this year Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided.
- This business was closed this year Yes No You filed Form(s) 1099 for the individual(s).
- My business received a PPP Loan (If yes, please provide all loan information)
- My business received an EIDL Grant and/or Loan from SBA (If yes, please provide all information)

Income

| | 2020 | | 2020 |
|--|-------|----------------------|-------|
| Gross receipts or sales..... | _____ | Other income (list): | _____ |
| Returns & allowances..... | _____ | _____ | _____ |
| NOTE: Please provide all 1099-MISC and 1099-K forms received | | _____ | _____ |

Expenses

| | 2020 | | 2020 |
|-------------------------------------|-------|-----------------------|-------|
| Advertising..... | _____ | Travel..... | _____ |
| Car & Truck expenses..... | _____ | Total meals..... | _____ |
| Commissions & Fees..... | _____ | Utilities..... | _____ |
| Contract Labor..... | _____ | Wages..... | _____ |
| Depletion..... | _____ | Other expenses (list) | _____ |
| Employee benefit programs..... | _____ | _____ | _____ |
| Insurance (other than health)..... | _____ | _____ | _____ |
| Interest - mortgage..... | _____ | _____ | _____ |
| Interest - other..... | _____ | _____ | _____ |
| Legal & professional services..... | _____ | _____ | _____ |
| Office expense..... | _____ | _____ | _____ |
| Pension & profit sharing plans..... | _____ | _____ | _____ |
| Rent/lease (autos & equipment)..... | _____ | _____ | _____ |
| Rent (other business property)..... | _____ | _____ | _____ |
| Repairs & maintenance..... | _____ | _____ | _____ |
| Supplies..... | _____ | _____ | _____ |
| Taxes & licenses..... | _____ | _____ | _____ |

Cost of Goods Sold

| | 2020 | | 2020 |
|-------------------------------------|-------|---|-------|
| Inventory at beginning of year..... | _____ | Materials & supplies..... | _____ |
| Purchases..... | _____ | Other costs..... | _____ |
| Cost of personal use items..... | _____ | Inventory at end of year..... | _____ |
| Cost of labor..... | _____ | <input type="checkbox"/> There was a change in inventory method | |

Auto Deduction

Please provide information about a vehicle(s) used for your business.

| | <u>Vehicle 1</u> | <u>Vehicle 2</u> |
|-----------------------------|------------------|------------------|
| Date placed in service | _____ | _____ |
| Description (Make/Model/Yr) | _____ | _____ |
| Total miles for year | _____ | _____ |
| Business miles | _____ | _____ |
| Commuting miles | _____ | _____ |
| Written evidence (Y or N)? | _____ | _____ |
| DMV fees | _____ | _____ |
| Loan interest | _____ | _____ |
| Parking/Tolls | _____ | _____ |

Home Office Deduction

If you use a portion of your home regularly and exclusively for business, please provide the following information in

Total sq ft of home
Sq ft of space used for business

Provide 100% of household expenses. We will apply the appropriate business % on your tax return:

| | |
|------------------------|------------------|
| Mortgage interest | <u>Form 1098</u> |
| Real estate taxes | _____ |
| Insurance | _____ |
| Rent | _____ |
| Repairs & maintenance | _____ |
| Utilities | _____ |
| HOA | _____ |
| Purchase price of home | _____ |