1040	US		Business Income (Schedule C)

Please enter all pertinent amounts.

General Information

Principal Business/Profession……….
Business Name………………………
Business Street Address…………….
Business City, State, Zip…………….
Employer Identification Number (EIN)
Is this a new business? Yes ☐   No ☐

Accounting Method (Choose One)

Cash ☐
Accrual ☐
Hybrid ☐
Other (Please Explain) ☐

Inventory Method (Choose One)

Cost ☐
Lower of Cost or Market Value ☐
Other (Please Explain) ☐

Income

Gross receipts or sales…………………………………………………..
  Does this figure include sales tax collected?   Yes ☐   No ☐
Returns and allowances………………………………………………..
Other Income (Please List):

_____
_____
_____

Cost of Goods Sold

Inventory at the beginning of the year…………………………………..
Purchases……………………………………………………………………
Cost of items for personal use…………………………………………
Cost of labor………………………………………………………………
Materials and Supplies……..……………………………………………..
Other Costs (Please List):

_____
_____
_____

Inventory at the end of the year …………………………………………

Please enter all pertinent amounts.

Expenses

Accounting………………………………………………………………	
Bad Debts from Sales or Service…………………………………………	
(This only counts if you have claimed the income)	
Bank Charges……………………………………………………………	
Business Gifts ($25.00 or less per client)………………………………	
Commissions Paid………………………………………………………..	
Computer/Internet Expenses……………………………………………	
Donations…………………………………………………………………	
Dues and Subscriptions…………………………………………………	
Education and Seminars…………………………………………………	
Employee Benefit Programs……………………………………………	
Ferry Fares……………………………………………………………....	
Insurance (other than health and car)…………………………………	
Interest paid………………………………………………………….…..	
(Please Describe)	
Legal and professional expenses………………………………………	
Office Expense……………………………………………………………	
Outside Services **……………………………………………………….	
Pension and Profit Sharing Plans………………………………………	
Parking and Tolls………………………………………………………..	
Postage and Shipping……………………………………………………	
Rent - vehicles, machinery and equipment……………………………	
Rent - other business property **………………………………………	
Repairs……………………………………………………………………	
Supplies (other than office)……………………………………………	
Taxes - B&O tax…..………………………………………………………	
Taxes - Licensing Fees…………………………………………………	
Taxes - Payroll taxes paid ……………………………………………	
Taxes - Sales Tax Collected……………………………………………	
(Please do not list sales tax you collected unless you also included it in your gross income figure)	
Taxes - other……………………………………………………………	
(Please Describe)	
Telephone Expenses……………………………………………………	
Travel Expenses (NOT meals and entertainment)……………………	
Meals and Entertainment………………………………………………..	
Utilities……………………………………………………………………	
Wages Paid (does not include to yourself)……………………………	

Other Expenses (Please List):

_____	
_____	
_____	
_____	

**These items may require a 1099 be filed, please contact our office if you need more information