



**PROFIT & LOSS FOR BUSINESS  
SCHEDULE C DATA SHEET**

**General Business Information**

Business name \_\_\_\_\_  
 SS No. \_\_\_\_\_  
 EIN No. \_\_\_\_\_  
 Business owner \_\_\_\_\_  
 Business phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Accounting method  Cash  Accrual  Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

Gross receipts \_\_\_\_\_  
 Inventory at beginning of the year \$ \_\_\_\_\_  
 Inventory at end of the year \$ \_\_\_\_\_  
 Total expenses \$ \_\_\_\_\_  
 Net income \$ \_\_\_\_\_  
 Did you purchase equipment?  Yes  No  
 Specify \_\_\_\_\_  
 First time filing a Schedule C?  Yes  No  
 Did you use your home in connection with this business?  Yes  No

**General Expenses**

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Advertising			
Commission			
Employee benefits program			
Insurance			
Mortgage interest			
Other interest (except vehicle)			
Legal and professional			
Office expenses			
Phone			
Pension and profit sharing plans			

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Vehicle, machinery & equipment			
Maintenance			
Supplies			
Taxes—real estate			
Taxes—other			
Travel			
Total meals and entertainment			
Sub-contract labor			
Wages			
Other expenses			

**Vehicle Expenses**

Description of vehicle \_\_\_\_\_  
 Cost of vehicle \$ \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Do you have a mileage log or other written records to support your miles driven?  Yes  No  
 Total miles driven \_\_\_\_\_  
 Business miles driven \_\_\_\_\_

Commuting miles \_\_\_\_\_  
 Parking fees and tolls \$ \_\_\_\_\_  
 Gasoline, lube, oil \$ \_\_\_\_\_  
 Tires, repairs \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 License plate fees/property tax \$ \_\_\_\_\_  
 Interest (car loan) \$ \_\_\_\_\_

If there are no expenses for the Schedule C, explain why? \_\_\_\_\_

We prepare the returns from information you furnished us, without verification. Upon examination of the returns by taxing authorities, request may be made for underlying data. We therefore recommend that you preserve all records, which you may be called upon to produce in connection with such an examination.

I certify that the information on this and any other form submitted is complete and correct.

Client Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_