

**Schedule C - Business Income Worksheet**

Name of business \_\_\_\_\_  
 Address of business \_\_\_\_\_  
 Principle activity of business \_\_\_\_\_  
 Are you an LLC? \_\_\_\_\_

Income			
Subcontractors		Travel	
Payroll		Meals	
Payroll Taxes		Utilities	
Supplies		Postage and Shipping	
Advertising		Printing	
Auto expenses		Professional Development	
Commission and Fees		Parking and Tolls	
Insurance		Telephone	
Health Insurance - employees		Rent	
Professional Fees		Repairs and maintenance	
Office Expense		Bank charges/CC Fees	
Other expenses: Please list		Dues and Subscriptions	
Total mileage			
Total business mileage			

Please list large equipment purchases:  
 Date purchased - Item - Cost

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide copies of 1099's issued or payroll tax returns filed (If any)**

Did you pay health insurance for yourself/family? \_\_\_\_\_  
 If so, How much? \_\_\_\_\_  
 Is this amount included above? \_\_\_\_\_

Do you have a retirement plan? \_\_\_\_\_  
 If so, what kind? \_\_\_\_\_  
 Who is your plan administrator? \_\_\_\_\_  
 Do you want to maximize your contribution? \_\_\_\_\_

Please list any other pertinent information you think we need