

# Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

\*\* Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.

**Business Info: (Required for all)**

Taxpayer  or Spouse  Address of Business \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Code \_\_\_\_\_

EIN Number (If any) \_\_\_\_\_ Date Business Started \_\_\_\_\_

Accounting Method  Cash  Accrual  Other \_\_\_\_\_ (Specify) Did you materially participate in the business? Yes No

**General Questions: (Required for all)**

1.) Are you claiming use of a home office? Yes No *If yes...please include Home Office Deduction Worksheet*

2.) Do you have depreciable assets? Yes No *If yes...please provide a detailed depreciation schedule. The schedule should include: (Prior year detail is preferred)*

- a. Asset Description
- b. Date Placed in Service
- c. Cost
- d. Accumulated Depreciation
- e. Method of Depreciation and Years

3.) Vehicle Information Year/Make/Model: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_ Business Miles: \_\_\_\_\_ Commuting Miles: \_\_\_\_\_

4.) Self Insured Health Insurance Deduction? Yes No *If yes...how much did you pay? \_\_\_\_\_*

**Income Questions: (Required if no P&L or Trial Balance Available)**

Total Sales \_\_\_\_\_

Other Income \_\_\_\_\_

**Cost of Goods Sold: (Required if no P&L or Trial Balance Available)**

Beginning Inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Cost of Labor \_\_\_\_\_

Materials and Supplies \_\_\_\_\_

Ending Inventory \_\_\_\_\_

**General Expenses: (Required if no P&L or Trial Balance Available)**

Advertising	\$ _____	Repairs & Maintenance	\$ _____
Auto Expenses	\$ _____	Supplies	\$ _____
(other than Mileage)	\$ _____	Taxes & Licenses	\$ _____
Commissions	\$ _____	Travel	\$ _____
Contract Labor	\$ _____	Meals (Total)	\$ _____
Depletion	\$ _____	Utilities	\$ _____
Depreciation (Need Sched)	\$ _____	Wages	\$ _____
Employee Benefit Programs	\$ _____	Other:	
Insurance (Other than Health)	\$ _____	_____	\$ _____
Interest	\$ _____	_____	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____
Legal & Professional	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans	\$ _____	_____	\$ _____
Rent or Lease	\$ _____	_____	\$ _____
a.) Vehicles, Machinery	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____