

# Worksheet for :      **Schedule C - Profit or Loss From Business**

**Proprietor Name:** \_\_\_\_\_  New Business       Yes  
**Principal Business:** \_\_\_\_\_  Quickbooks file  
**Business Name (if any)** \_\_\_\_\_  
**Business Address (if different from home)** \_\_\_\_\_ **EIN (if any)** \_\_\_\_\_

Method  Cash  Accrual  Other \_\_\_\_\_

**INCOME:**

Gross Receipts/Sales      \$ \_\_\_\_\_

Returns/Refunds/Discounts \_\_\_\_\_

**Cost of Goods Sold (COGS)**

Method  Cash  Lower of Cost/Market  Other \_\_\_\_\_

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

Purchases      + \_\_\_\_\_

Cost of Labor      + \_\_\_\_\_

Materials/Supplies      + \_\_\_\_\_

Other Costs      + \_\_\_\_\_

Subtotal      = \_\_\_\_\_

Ending Inventory      - \_\_\_\_\_

COGS      = \_\_\_\_\_

Cost of Goods Sold      - \_\_\_\_\_ ←

Gross Profit (subtotal)      = \_\_\_\_\_

Other Income      + \_\_\_\_\_

**Gross Income**      = \_\_\_\_\_

**EXPENSES:**

Advertising      \_\_\_\_\_

Car/Truck Expenses      \_\_\_\_\_

Commissions/Fees      \_\_\_\_\_

Contract Labor      \_\_\_\_\_

Depletion      \_\_\_\_\_

Depreciation      \_\_\_\_\_

Employee Benefits      \_\_\_\_\_

Insurance (not health)      \_\_\_\_\_

Mortgage Interest      \_\_\_\_\_

Other Interest      \_\_\_\_\_

Legal/Prof. Services      \_\_\_\_\_

Office Expense      \_\_\_\_\_

Pension/Profit Share      \_\_\_\_\_

Equip. Rent/Lease      \_\_\_\_\_

Other Rent/Lease      \_\_\_\_\_

Repairs/Maintenance      \_\_\_\_\_

Supplies (non-COGS)      \_\_\_\_\_

Tax/License      \_\_\_\_\_

Travel      \_\_\_\_\_

Meals/Entertainment      \_\_\_\_\_ /2= \_\_\_\_\_

Utilities      \_\_\_\_\_

Wages      \_\_\_\_\_

Other Expenses (see pg 2)      \_\_\_\_\_

# Sch. C

# Depreciation of Equipment

Carryover only

Asset _____	Date in svc _____	Basis \$ _____	Details _____	179?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

## Vehicle Information (Part IV)

#1	Desc. _____	Date in svc _____	Beg. Odometer _____
	Business miles _____		End Odometer _____
	Total miles _____		
	Gas/Oil/Repairs/Insurance \$ _____		
	License/Registration _____		
	Lease/Rental Payments _____		
	Depreciation/Sec. 179 basis _____		
#2	Desc. _____	Date in svc _____	Beg Odometer _____
	Business miles _____		End Odometer _____
	Total miles _____		
	Gas/Oil/Repairs/Insurance \$ _____		
	License/Registration _____		
	Lease/Rental Payments _____		
	Depreciation/Sec. 179 basis _____		

## Other Expenses (Part V)

Telephone	_____	_____	_____
Cell Phone	_____	_____	_____
Dues & Subscriptions	_____	_____	_____
Internet	_____	_____	_____
Postage	_____	_____	_____
Cleaning	_____	_____	_____
Merchant Fees	_____	_____	_____
Gifts	_____	_____	_____

**Total Other Expenses**      \$ \_\_\_\_\_

### Home Office Exp\*

Mortgage Int.	_____
Property Tax	_____
Rent	_____
Insurance	_____
Repairs	_____
Landscaping	_____
Utilities	_____
Other	_____

**\*Business Use of Home** (Form 8829 Exp.)      \$ \_\_\_\_\_

**Total Expenses**      \$ \_\_\_\_\_

**Net Income (Loss)**      \$ \_\_\_\_\_

Total      \_\_\_\_\_

Office Sq Ft \_\_\_\_\_ / Home Sq Ft \_\_\_\_\_