

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 _____ /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 _____
Total _____

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

Total Expenses \$ _____

Net Income (Loss) \$ _____

Office Sq Ft _____ / Home Sq Ft _____