SCHEDULE C WORKSHEET
FOR SELF EMPLOYED BUSINESSES & INDEPENDENT CONTRACTORS

IRS REQUIRES WE HAVE ON FILE *YOUR OWN INFORMATION* TO SUPPORT SCHEDULE C

CLIENT/BUSINESS NAME:	
ADDRESS:	
FEDERAL EIN#:	**TAX YEAR:**

Is this your first year in business? ☐ Yes ☐ No
Did you make payments requiring a Form 1099? ☐ Yes ☐ No If 'Yes' did you file the required Form 1099? ☐ Yes ☐ No

TOTAL GROSS BUSINESS INCOME (including payments where no 1099 was received)	$

Retail Business ONLY:

Beginning Inventory	$
Merchandise Purchased for Resale	$
Cost of labor (Do not include $ paid to yourself)	$
Materials and Supplies	$
Other Direct Sales Costs	$
Ending Inventory	$

BUSINESS EXPENSES:

Advertising/ Marketing	$	Other Interest Paid	$
Bank and Credit Card Charges	$	Other Taxes (Payroll, Trimet)	$
Commissions and Fee	$	Real Estate Taxes (if paid for business)	$
Contract Labor	$	Rent on Business Property	$
Equipment Rentals	$	Repairs and Maintenance	$
Health Insurance (For you)	$	Small Tools (Under $2,500)	$
Health Insurance (For your employees)	$	Supplies	$
Insurance (Other than health)	$	Telephone (___% used for Business)	$
Internet	$	Travel (do not include meals)	$
Legal & Professional Fees	$	Uniforms	$
Licenses/Dues	$	Utilities	$
Meals	$	Wages (W2s issued)	$
Mortgage Interest (if paid for business)	$	Wages paid to minor children	$
Office Expenses	$	Other Expenses (list description)	$

BUSINESS VEHICLE DESCRIPTION:

Business Mileage	Personal Mileage

Do you have evidence to support your mileage? ☐ Yes ☐ No If yes, is the evidence written? ☐ Yes ☐ No

EVIDENCE INCLUDES: MILEAGE LOGS, APPOINTMENT RECORDS, CALENDARS, ETC. PLUS IRS COULD ASK FOR ODOMETER READINGS FROM OIL CHANGES, REPAIR INVOICES, PURCHASE AND SALE DOCUMENTS.

Did you purchase any major pieces of equipment?(>$2,500) ☐Yes ☐No If YES list:

Equipment	Date	Amount
Equipment	Date	Amount

Do you have an Office in your Home? ☐ Yes ☐ No If YES Complete questions below

Sq. Ft. of Office	Sq. Ft. of Home	Real Estate Taxes
Mortgage Interest or Rent Paid	Home or Renters Insurance	Utilities

I certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet.

PRINT NAME_____ SIGNATURE_____ DATE_____

SHAY CASLER, ENROLLED AGENT

shay@caslerfinancial.com • www.caslerfinancial.com • Tel (971) 359-8087