

**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	_____	Equip. Rent/Lease	_____
Car/Truck Expenses	_____	Other Rent/Lease	_____
Commissions/Fees	_____	Repairs/Maintenance	_____
Contract Labor	_____	Supplies (non-COGS)	_____
Depletion	_____	Tax/License	_____
Depreciation	_____	Travel	_____
Employee Benefits	_____	Meals	_____ /2= _____
Insurance (not health)	_____	Utilities	_____
Mortgage Interest	_____	Wages	_____
Other Interest	_____	Other Expenses (see pg 2)	_____
Legal/Prof. Services	_____		
Office Expense	_____		
Pension/Profit Share	_____		

**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"/>
_____	_____	_____	_____	<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 \_\_\_\_\_