Bennett Blanchard LLC

Small Business – Self Employed - 1099 Income-Schedule C Worksheet

Send last year's Schedule C or tax return if you operated the business previously and we did not prepare the previous tax return for you.

Name of Business:	Type of Business:
Does this business belong to you or your spouse?	Address of Business:

Gross Income (provide any 1099's)	$	Materials and Supplies	$
Cost of Inventory at Beginning of Year	$	Other Costs	$
Cost of Inventory Purchased	$	Cost of Inventory at End of Year	$
Cost of Labor	$	Returns and Refunds	$

Advertising	$	Travel	$
Car and Truck	$	Meals and Entertainment	$
Commission and Fees	$	Utilities – Outside of Home	$
Contract Labor	$	Wages and Salaries Paid to Employees	$
Employee Benefit Programs not pensions	$	Other Expenses: Dues & Publications	$
Insurance: List Type	$	Other Expenses: Postage & Shipping	$
Self Employed Health Insurance	$	Other Expenses: Telephone	$
Mortgage Interest	$	Other Expenses: Bank Charges	$
Other Interest	$	Other (Specify)	$
Legal & Professional Fees	$	Other (Specify):	$
Office Expense	$	Other (Specify):	$
Pension and Profit Sharing Plans	$	Depreciable Items: Such as Equipment, Furniture, Computer and Land Improvements – Provide list with cost and date purchased.	
Rent or Lease – Outside of Home	$		
Repairs/Maintenance	$	Item: Date: Cost:	
Supplies	$	Item: Date: Cost:	
Taxes and Licenses	$	Item: Date: Cost:	

Vehicle Expense

Year & Make and Model Vehicle		Do you have evidence to support the deduction?	Y		N	
Date First Used for Business:		Is this evidence written?	Y		N	
Type of Vehicle: Car, Van, Truck		Is another vehicle available for personal use?	Y		N	
Total Mileage		Was the vehicle available for personal use during off duty hours?	Y		N	
Business Mileage		Was the vehicle leased?	Y		N	
Actual Expenses: Gas, Oil, Repairs, Insurance, etc. $		Was the vehicle used for hire?	Y		N	

Home Office

Area Used for Business - Square Footage/Room	Sq/ft	Mortgage Interest	$
Total Area - Square Footage of Home	Sq/ft	Real Estate Taxes	$
Number of Days in Year Office was in Home		Insurance – Homeowners/Renters	$
Date of Using Room as Home Office	$	Repair and Maintenance	$
Fair Market Value of Home with Home Office	$	Utilities Except Water per Month	$
Cost of Home with Home Office	$	Rent Paid for Year	$
Improvement to Home Office	$	Other Specify:	$
Land Value on Property Tax Statement	$	Other Specify:	$
Building Value on Property Tax Statement	$	Other Specify:	$

Small Business Comments and Other Expenses: