

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

**Proprietor Name:** \_\_\_\_\_ New Business for 2006?  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 (1)     \$ \_\_\_\_\_

Returns/Refunds/Discounts (2)     - \_\_\_\_\_

**Cost of Goods Sold (COGS)**

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

Beginning Inventory     \$ \_\_\_\_\_ (35)

Purchases                     + \_\_\_\_\_ (36)

Cost of Labor                 + \_\_\_\_\_ (37)

Materials/Supplies         + \_\_\_\_\_ (38)

Other Costs                   + \_\_\_\_\_ (39)

    Subtotal                     = \_\_\_\_\_ (40)

Ending Inventory           - \_\_\_\_\_ (41)

    COGS (3)                     = \_\_\_\_\_ (42)

Cost of Goods Sold (4)     - \_\_\_\_\_ ←

    Gross Profit (subtotal) (5) = \_\_\_\_\_

Other Income (6)             + \_\_\_\_\_

**Gross Income (7)**         = \_\_\_\_\_

**EXPENSES:**

Advertising (8)                \_\_\_\_\_

Car/Truck Expenses (9) \_\_\_\_\_

Commissions/Fees (10) \_\_\_\_\_

Contract Labor (11) \_\_\_\_\_

Depletion (12)                \_\_\_\_\_

Depreciation (13)            \_\_\_\_\_

Employee benefits (14) \_\_\_\_\_

Insurance (not health) (15) \_\_\_\_\_

Mortgage Interest (16a) \_\_\_\_\_

Other Interest (16b) \_\_\_\_\_

Legal/Prof. Services (17) \_\_\_\_\_

Office Expense (18) \_\_\_\_\_

Pension/Profit Share (19) \_\_\_\_\_

Equip. Rent/Lease(20a) \_\_\_\_\_

Other Rent/Lease (20b) \_\_\_\_\_

Repairs/Maintenance(21) \_\_\_\_\_

Supplies (non-COGS) (22) \_\_\_\_\_

Tax/License (23) \_\_\_\_\_

Travel (24a) \_\_\_\_\_

Meals/Entertainment(24b) \_\_\_\_\_ /2= \_\_\_\_\_

Utilities (25) \_\_\_\_\_

Wages (26) \_\_\_\_\_

Other Expenses (see attachment) (27) \_\_\_\_\_

## 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)

_____	\$	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

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

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

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

# Sch. C 2006