

**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/Entertainment \_\_\_\_\_ /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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Other Expenses</b>			\$ _____

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

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

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