

# 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 \_\_\_\_\_ /2= \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Other Expenses (see pg 2) \_\_\_\_\_

# 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 _____	_____	_____	_____
Merchant Fees _____	_____	_____	_____
Gifts _____	_____	_____	_____

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

### Home Office Exp\*

Mortgage Int. \_\_\_\_\_  
 Property Tax \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Repairs \_\_\_\_\_  
 Landscaping \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Other \_\_\_\_\_

Total \_\_\_\_\_

Office Sq Ft \_\_\_\_\_/Home Sq Ft \_\_\_\_\_