

SCHEDULE C - ITEMIZING DEDUCTIONS

(List of amounts for items you have - keep receipts for your deductions)

Business Name: _____

Address: _____

Does Business have a separate EIN? Y___ N___ If yes, what is the EIN? _____

Type of business: _____

Owner of business: Taxpayer___ Spouse___ Joint___

Business active for entire year? Y___ N___

Did you make any ESTIMATED TAX payments in 2018? Y___ N___

If yes, did or will you file all required 1099 forms? Y___ N___

Do you receive credit card payments from your clients? **Please bring 1099-K form, if received.**

Do you have an area in your primary residence that is used regularly and exclusively for business? Y___ N___

*(If yes, please **complete PAGE 2** for Business Use of Home Deductions)*

INCOME:

Gross (1099) Income: \$ _____

Other Income: \$ _____

Other Income: \$ _____

Description: _____

COST OF GOODS: \$ _____

Purchases: \$ _____

Materials: \$ _____

Other: \$ _____

Beginning Inventory: \$ _____

Ending Inventory: \$ _____

Labor: \$ _____

SELF EMPLOYED HEALTH INSURANCE PAYMENTS: _____

EXPENSES:

Advertising: \$ _____

Vehicle Expenses: \$ _____

Commissions&Fees: \$ _____

Insurance: \$ _____

Interest: \$ _____

Legal/Accounting Fees: \$ _____

Office Expenses: \$ _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____

Business Miles: _____

Personal Miles: _____

Vehicle Loan

Payments: _____ Principal: _____

Interest: _____

Taxes/Licenses: _____

Date initiated for work use: ____/____/____

Rent: \$ _____

Maintenance & Repair: \$ _____

Supplies: \$ _____

Equipment Rental: \$ _____

Meals/Entertainment: \$ _____



BUSINESS USE OF HOME

(YEAR)

Total Sq. Ft. of Home: _____
Area used **regularly & exclusively** for business _____ SQ. FT.

IF YOU ARE BUYING HOME:

Adjusted Basis for
depreciation

Purchase Price: \$ _____
Cost of Improvement: \$ _____
(FOR TAX YEAR) \$ _____
Mortgage Interest: \$ _____
Real Estate Taxes: \$ _____
Insurance: \$ _____

IF YOU ARE RENTING HOME:

MONTHLY RENT: \$ _____
Insurance (RENTERS): \$ _____

EXPENSES DIRECTLY RELATED TO THE HOME:

Maintenance & Repairs: \$ _____

Utilities: \$ _____
Phone: \$ _____
Internet: \$ _____
Security: \$ _____
Other: \$ _____

IF BUSINESS IS A DAYCARE:

of hrs. per day: \$ _____
of days open: \$ _____

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