

**Schedule C – Small Business Income and Expense Worksheet**

**Income**

Gross receipts/sales or earnings

Returns & allowances

Other Income (please provide details)

**Cost of Goods sold or Operations**

Purchases less cost of personal use items

Labor costs (not including owner’s salary)

Materials and supplies

Other costs

**Expenses**

Advertising

Vehicle expenses

 Total miles Business miles

 Do you have written documentation of miles? Y N

Commissions & fees

Insurance (other than health insurance)

Legal & professional services

Office expenses

Pension & profit sharing plans

Rent

Repairs

Supplies (not included in Cost of Goods Sold)

Taxes & licenses

Travel expenses (tolls, parking, airfare, lodging, meals)

Meals & entertainment

Telephone (do not include personal line)

Other expenses (use reverse if additional space is needed):

Are you deducting business use of home? Y N

* Total square footage of your home
* Square footage of area used for office
* Cost of home (rent or mortgage payment)
* Home owners or renters insurance
* Total paid for gas, electric, heat and water
* Other expenses

I certify that the information above was provided by me from receipts and documentation in my possession,

and to the best of my knowledge, it is accurate and complete.

Signature Date