

Client Documentation Form

Schedule C – Small Business Income

This form is used to record income and expenses not covered by W2s for self-employed persons, businesses or enterprises owned by the taxpayer or the taxpayer's spouse.

Name _____ SS# _____

General Information

D.B.A. / Business Name: _____
 Business Activity: _____
 Business Address: _____
 Federal ID # (If Applicable) _____

Revenue

Sales \$ _____ Does this amount include sales tax? YES NO

Other \$ _____ Describe _____

Operating Expenses

Advertising _____	Building Rent _____	Wages _____
Bad Debts _____	Equip. Rent _____	Professional Dues _____
Auto _____	Dues _____	Bus. Meals _____
Commissions _____	Subscriptions _____	Temporary Labor _____
Depreciation _____	Sales Tax _____	Supplies _____
Insurance _____	Repairs _____	Cell Phone _____
Mortgage Int. _____	Tax/Licenses _____	<i>Other Expenses and Amounts</i>
Int. _____	Travel/Lodging _____	_____
Office Expenses _____	Utilities _____	_____

Please Note:

We do not require a current log of your business miles or receipts to file your taxes. However, should a question arise by the IRS, they will require some type of written proof. You can also use a calendar, planner, receipt, credit card bill, log book or some other record to verify expenses.

I understand the above and have declared all my income/expenses to The Tax Place on Main.

SIGNATURE _____ Date: _____

Vehicle Expense

Year, Make & Model of your vehicle _____

Total miles for the year _____

Business miles for the year _____

Date you first used it for business _____

Do you have another car for personal use? Yes or No

Do you have evidence to support the deduction? Yes or No

Is this evidence written? Yes or No

Were you reimbursed or paid for any of your vehicle expense? Yes or No

Purchase date _____

Tolls _____

Oil changes _____

Maintenance _____

Insurance _____

Lease payments _____

Parking _____

Gasoline _____

Repairs _____

Car washed _____

Registration _____

Date of lease _____

Home Office

Square Footage of Home _____

Square Footage of Office _____

Fair Market Value of Home _____

Months Office was in Home _____

Number of Rooms in Home _____

Number of Rooms Used used for Office/Storage _____

Indirect Expenses (these benefit the entire home/apartment)

Gas & Electricity _____

Water & Sewage _____

Repairs, Supplies, Painting _____

Labor (not your own labor) _____

Insurance _____

Garbage/ Cleaning Services _____

Lawn/Yard/Snow Service _____

Condo Maintenance Fee _____

Security System Upkeep _____

Rent _____

Other (Please List): _____

Direct Expenses (these benefit only the home office)

Repairs & Painting _____

Insurance _____

Other (Please List): _____
