

Tax Client Schedule C Info - One Form Per Business

Fill out COMPLETELY or check "N/A". Use a separate Worksheet for EACH Schedule C. ****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all)

Taxpayer or Spouse or Both (comm prop state)

Address of Business: _____

Name of Business: _____

Business Code: _____

EIN Number (If any): _____

Date Business Started: _____

Cash Accounting Method

Yes No Do you do your own books/accounting

Accrual

Yes No Would you consider outsourcing to us?

Other(Specify): _____

Yes No Are you a specified Service Trade or Business (eg: attorneys, accountants, doctors, etc.)

Yes No Are you claiming use of a home office? *If yes, please include Home Office Deduction Worksheet*

General Questions: (Required for all)

Yes No Did you take advantage of the WOTC (Work Opportunity Tax Credit) or did you receive a tax credit for paid sick or family leave under FFCRA (Families First Coronavirus Response Act)?

Yes No Did you apply for and receive an Economic Injury Disaster Loan (EIDL) through SBA in 2022?

Yes No Did you include those loan proceeds in your company revenue on Schedule C or E?

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven (1-1 to 6-30/7-1 to 12-31): ____/____ Business miles: ____/____ Commuting miles: ____/____

Income Questions: (Required if no P&L or Trial Balance Available)

Yes No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: \$ _____

Yes No Do you know what your business is worth? Yes No Would you like to know? Other Income: \$ _____

Yes No Was any revenue received from SBA type loans? Yes No Included Above? Amount: \$ _____

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

Yes No Do you have employees other than yourself?

Beginning Inventory: \$ _____

Yes No Do you use subcontractors?

Purchases: \$ _____

Yes No Do you do your own payroll?

Cost of Labor: \$ _____

Yes No Would you consider outsourcing payroll to us?

Materials and Supplies: \$ _____

Yes No If required to, did you issue 1099s to others?

Ending Inventory: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ _____ Depletion: \$ _____ Other Rent/Lease: \$ _____

Auto Expenses: \$ _____ Depreciation: \$ _____ Repairs & Maint: \$ _____

(Other than Mileage): \$ _____ Legal/Professional: \$ _____ Supplies: \$ _____

Commissions: \$ _____ Office Expense: \$ _____ Taxes & Licenses: \$ _____

Contract Labor: \$ _____ Wages to Self: \$ _____ Travel: \$ _____

Employee Ben Programs: \$ _____ Wages to Children: \$ _____ Meals (Client/Prospect): \$ _____

Insurance (NOT Health): \$ _____ Wages to Others: \$ _____ Utilities: \$ _____

Health Insurance: \$ _____ Pension/Prof Sharing: \$ _____ _____: \$ _____

Mortgage Interest: \$ _____ Vehicle Rent/Lease: \$ _____ _____: \$ _____

Other Interest: \$ _____ Machinery Rent/Lease: \$ _____ _____: \$ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____