Business Income & Expenses (Schedule C)

A new client without the copy of prior return is required to fill out the box below. If returning client has any change, please, fill out to update.

Did you start or acquire this business during the year?

NO

YES

Principal business or profession	
Principal business code, if know	
Business name	
Business address	
Employer ID number (EIN)	

This income was reported to you on Form W-2 and the "Statutory Employee" box on that form was checked. YES NO You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. YES NO Gross receipts or sales Returns or allowances I Other I income VESS NO Do you have federal and state gasoline or fuel tax credit or refund? YES NO COST OF GOODS SOLD Inventory at beginnng of year Purchases (less personal use) O Cost of labor Materials and supplies I Other I Cost of labor Materials and supplies I Other I Inventory at end of year NO EXPENSE - Car and Truck Make & Model, <i>if first time</i> I Date placed in service(mm/dd/yy) Odomenter reading (End of year) Total mileage I Business mileage I Parking and toll fee for business I Actual expenses* I * Gas,oil,repairs,tires,insurance,property taxex,interest			INCOME				
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