

Client Name: _____

Business Income (Schedule C)

GENERAL INFORMATION

Principal business/profession

Business name

Business address

INCOME

Gross receipts or sales (Bring any 1099-MISC)

Returns and allowances

Other income:

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at end of the year

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Please bring in your detailed mileage log.

EXPENSES

Accounting

Advertising

Answering service

Bad debts from sales or service

Bank charges

Car and truck expenses (not entered elsewhere)

Commissions

