

# Schedule C " Sole Proprietor" Worksheet

Owner \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

EIN (If Applicable) \_\_\_\_\_

Did you pay anyone \$600 or more?    Yes      No

Health Insurance you paid for yourself and/or your family \$ \_\_\_\_\_

Did you Sell any prior year Assets?    Yes      No

Total Income (Sales)     

Returns and Refunds     

Cost of Goods Sold:

Beginning of Year Inventory     

Purchases (less items used personally)

Shipping/Freight

Other Costs

End of Year Inventory     

Expenses:

Advertising	<input style="width: 150px; height: 20px;" type="text"/>
Commissions	<input style="width: 150px; height: 20px;" type="text"/>
Other Labor	<input style="width: 150px; height: 20px;" type="text"/>
Business Insurance	<input style="width: 150px; height: 20px;" type="text"/>
Mortgage Interest	<input style="width: 150px; height: 20px;" type="text"/>
Other Interest	<input style="width: 150px; height: 20px;" type="text"/>
Legal & Professional Fees	<input style="width: 150px; height: 20px;" type="text"/>
Office Expense	<input style="width: 150px; height: 20px;" type="text"/>
Rent Building	<input style="width: 150px; height: 20px;" type="text"/>
Rent Equipment, Vehicles, Etc.	<input style="width: 150px; height: 20px;" type="text"/>
Repairs & Maintenance	<input style="width: 150px; height: 20px;" type="text"/>
Supplies	<input style="width: 150px; height: 20px;" type="text"/>
Taxes & Licenses	<input style="width: 150px; height: 20px;" type="text"/>
Utilities	<input style="width: 150px; height: 20px;" type="text"/>
Wages	<input style="width: 150px; height: 20px;" type="text"/>
Other	<input style="width: 150px; height: 20px;" type="text"/>
Other	<input style="width: 150px; height: 20px;" type="text"/>
Other	<input style="width: 150px; height: 20px;" type="text"/>
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Other	<input style="width: 150px; height: 20px;" type="text"/>
Other	<input style="width: 150px; height: 20px;" type="text"/>

Equipment Purchases (Description)      Cost      Date Placed In Service

Vehicle Worksheet	
Vehicle: _____	
Beg Mileage	<input style="width: 100px;" type="text"/>
End Mileage	<input style="width: 100px;" type="text"/>
Placed in Service	<input style="width: 100px;" type="text"/>
Total Business Miles	<input style="width: 100px;" type="text"/>
Total Personal Miles	<input style="width: 100px;" type="text"/>