PROFIT AND LOSS FROM BUSINESS – SCHEDULE C

Please complete one for each business entity

| | y | | |
|--|--|-----|----------|
| NAME OF BUSINESS | | | |
| NAME OF CONTACT | | | |
| PRINCIPAL BUSINESS/PROFESSION | | | |
| EIN # (if applicable) | | | |
| | | | |
| 1099 FILING: | | | Yes |
| Did you pay an independent cor | stractor(s) over \$600 for the year? | | |
| If you checked yes, did you issu | e the required 1099 for each contractor paid? | | |
| | | | <u> </u> |
| OO YOU USE A HOME OFFICE S (If so, please provide the following) HOME OFFICE EXPENSES: | TRICTLY FOR YOUR BUSINESS? | | |
| Square Footage on your entire ho | ome: | | |
| Square Footage of your home off | ice: | | |
| Total rooms in your home: | | | |
| Mortgage Interest Paid: | | | |
| Rent Paid: | | | |
| Real Estate Taxes Paid: | | | |
| Homeowner's or Renter's Insurar | ce: | | |
| Utilities Paid: (for entire year) | | | |
| BUSINESS MILES DRIVEN: (| please enter below the amount of miles driven | | |
| | property. Do not use a dollar amount) | | |
| SELF EMPLOYED HEALTH IN | SURANCE: | YES | NO |
| Did you have self-employed healt | h insurance? | | |
| If you answered yes, was it throug need your 1095-A form) | gh marketplace health insurance? (If so, so we | | |



Only complete the following if you have not already provided us with a summary or Quickbooks file.

| BUSINESS INCOME | Amount |
|---|--------|
| Gross Receipts or Sales | |
| Other (Describe): | |
| | |
| COST OF GOODS SOLD (List Below): | Amount |
| Cost of Labor | |
| Purchases and Materials | |
| Other (Describe): | |
| BUSINESS EXPENSES: | Amount |
| Returns and Allowances | |
| Advertising | |
| Commissions and Fees | |
| Contract Labor | |
| Employee Benefit Programs | |
| Insurance (Other than health or auto) | |
| Interest Expense | |
| Legal and Professional Services | |
| Office Expenses | |
| Pension and Profit-Sharing Plan | |
| Rent or Lease of Machinery or Equipment | |
| Rent or Lease of Real Estate | |
| Repairs and Maintenance | |
| Supplies | |
| Taxes and Licenses | |

| Travel (Hotel, Airfare, Parking, etc.) | | | | | | |
|--|-------------|-------|-----------|--|--|--|
| Meals | | | | | | |
| Utilities | | | | | | |
| Wages (Please include all W2's as well as quarterly payroll reports) | | | | | | |
| Dues and Subscriptions | | | | | | |
| Other (Describe): | | | | | | |
| LIST OF SIGNIFICANT PURCHASES FOR BUSINESS USE (Greater than \$600 and NOT included in any expenses above) | | | | | | |
| DESCRIPTION OF PROPERTY: | DATE PURCHA | ASED: | COST (\$) | | | |
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| ADDITIONAL NOTES: | | | | | | |
| IDDITIONAL NOTES. | | | | | | |
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