

# Feldmann & Company CPAs PC (PLEASE BRING ALL 1099s RECEIVED)

## SCHEDULE C – PROFIT OR LOSS FROM BUSINESS OR PROFESSION (YEAR \_\_\_\_\_)

Name of Proprietor \_\_\_\_\_

Business \_\_\_\_\_ Business code \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID number \_\_\_\_\_

**If we did not prepare your return in any of the last three years, PLEASE BRING YOUR COPIES WITH YOU.**

**Accounting method:**

Cash       Accrual       Other

Method(s) used to value closing inventory:  
 Cost +    Lower cost/market+    Other+    Doesn't apply+

Was there a change in determining quantities or  
 Costs between opening & closing inventory?.....  **Yes**     **No**

Did you materially participate in the operation of this  
 business during tax year?.....  **Yes**     **No**

Was the business in operation at the end of tax year?....  **Yes**     **No**

How many months was this business in operation this year? \_\_\_\_\_

Is this the first schedule C filed for this business?.....  **Yes**     **No**

Health Insurance Premiums? \$  **Yes**     **No**

Were you a statutory employee?.....  **Yes**     **No**

BUSINESS INCOME	Office Use Only TOTAL _____
Gross receipts or sales	
Returns & allowances	
Inventory at beginning of year	
Purchases	
Cost of labor	
Material & supplies	
Other costs	
Inventory at end of year	
Other business income	

BUSINESS EXPENSES	Office Use Only TOTAL _____
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Advertising	
Bad debts	
Car & truck expense	
Commissions & fees	
Depletion	
Contract labor/fees <input type="checkbox"/>	
Depreciation	
Employee benefit program	
Insurance	
<b>INTEREST:</b> Mortgage	
Other	
Legal & professional fees	
Office expense	
Pensions & profit sharing	
<b>RENT OR LEASE:</b>	
Vehicles, machinery, equip, etc.	
Other business property	
Repairs & maintenance	
Supplies	

Taxes	
Travel	
Meals	
50% deduction/ 80% truckers	(            )
Utilities	
Wages less jobs credit	
Bank Charges	
Cash long/short	
Discounts allowed	
Promotion	
Publication/Dues	
Other Business Expenses	
<b>Child Care Providers:</b>	
Total # of hours home was used	
for child care during the year:	

**NET** \_\_\_\_\_

**VEHICLE INFORMATION**

Name of proprietor

Business name

Do you have evidence to support the business/investment use claimed? Yes + No +

Is the evidence written? Yes + No +

	Vehicle 1	Vehicle 2	Vehicle 3
Description of vehicle			
Date place in service			
Total mileage in tax year			
Miles that vehicle was used for business			
Total miles commuting			

**SALES OF DEPRECIABLE ASSETS**

**Office Use Only**

<u>Description</u>	<u>Date sold</u>	<u>Sales price</u>	<u>Date purch</u>	<u>Cost</u>	<u>Depreciation</u>

**ADDITIONS TO DEPRECIABLE ASSETS**

<u>Description</u>	<u>Date Purchased</u>	<u>Cost</u>	<u>Trade-in (if any)</u>	<b><u>New/Used</u></b>

Additional information:

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