



Self Employment / Small Business / Gig Work

Schedule C Worksheet

Audit Protection

Business Name _____ Address _____ Business Type _____

First Year **Y / N** Federal ID # _____ Did you require any 1099s **Y / N** If 'YES' did file 1099s **Y / N**

Total Gross Business Income (including amounts on all 1099s) \$ _____

Cost of Goods Sold:

Beginning Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of Labor (Do not include \$ paid to self)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
Ending Inventory	\$ _____

Expenses:

Advertising	\$ _____	Rent or Lease of Equipment	\$ _____
Contract Labor	\$ _____	Rent or Lease of Property	\$ _____
Commission & Fees	\$ _____	Repairs and Maintenance	\$ _____
Employee Benefit Program	\$ _____	Supplies	\$ _____
Health Insurance	\$ _____	Taxes & Licenses	\$ _____
Insurance (other than health)	\$ _____	Travel	\$ _____
Long-Term Care Insurance	\$ _____	Meals	\$ _____
Mortgage Interest (for business)	\$ _____	Utilities (including phone biz. use)	\$ _____
Other Interest	\$ _____	Wages	\$ _____
Legal & Professional Fees	\$ _____	Other _____	\$ _____
Office Expenses	\$ _____	Other _____	\$ _____
Pension & Profit Sharing	\$ _____	Other _____	\$ _____

Vehicle Expenses:

Claiming: **Mileage / Actual Expenses** (if actual expenses go to depreciable assets)

Description of vehicle _____ Date placed in service for business _____

Business Mileage: _____ Commuting _____ Other _____

Other vehicle for personal use **Y / N** Available for use during off-duty hours **Y / N** Evidence **Y / N** Written **Y / N**

Home Office Expenses:

Sq. Ft of Office _____ Sq. Ft of Home _____ Real Estate Taxes \$ _____ Mortgage Interest \$ _____

Rent \$ _____ Insurance \$ _____ Repairs/Maintenance \$ _____ Utilities \$ _____ Taxes \$ _____

Depreciable Assets:

Description _____ Date _____ Cost _____ % Biz Use _____ Section 179 **Y / N**

Description _____ Date _____ Cost _____ % Biz Use _____ Section 179 **Y / N**

Notes: _____

I hereby certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet.

Printed Name _____ Signature _____ Date _____