

Schedule C or Other Business Structure - One Form Per Business

Fill out COMPLETELY or check "N/A". Use a separate Worksheet for EACH business. ****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all) What Legal Tax Entity: S Corp C Corp Partnership Sole Prop Trust

Taxpayer or Spouse or Both (comm prop state) Address of Business: _____

Name of Business: _____ Business Code: _____

EIN Number (If any): _____ Date Business Started: _____

Cash Accounting Method Yes No Do you do your own books/accounting?

Accrual Other (Specify): _____ Yes No Would you consider outsourcing to us?

Yes No Claiming use of home office? *If yes, complete Page 6* Yes No Do you know what your business is worth?

Yes No Would you consider outsourcing payroll to us? Yes No Would you like to know?

Basic Questions: (Required for all)

If S Corp or Partnership, basis reported on prior year's return (M-2, Line 8 or 9)? \$ _____

Yes No Did you put any capital in cash into the company this year? If yes, amount: \$ _____

Yes No Did you place any equip/other physical assets into company that you previously owned? If yes, enter basis when placed:

Asset 1: _____ \$ _____ Asset 2: _____ \$ _____ Asset 3: _____ \$ _____

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven: _____ Business miles: _____ Commuting miles: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Yes No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: \$ _____

Yes No Other Income: \$ _____

Yes No Were any proceeds received from SBA or other loans? Yes No If yes, included above? Amount: \$ _____

Cost of Goods Sold: (Required with or without P&L and Trial Balance)

Yes No Do you have employees other than yourself? Beginning Inventory: \$ _____

Yes No Do you use subcontractors? Purchases: \$ _____

Yes No Did you pay over \$2,000 (up from \$600)? Cost of Labor: \$ _____

Yes No If required to, did you issue 1099s to others? Materials and Supplies: \$ _____

Yes No Do you do your own payroll? If yes, # of W-2s issued: _____ Ending Inventory: \$ _____

Yes No Did you receive payments via third party processors that met or exceeded 200 transactions and \$20,000?

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ _____	Depletion: \$ _____	Other Rent/Lease: \$ _____
Auto Expenses: \$ _____	Depreciation: \$ _____	Repairs & Maint: \$ _____
(Other than Mileage): \$ _____	Legal/Professional: \$ _____	Supplies: \$ _____
Commissions: \$ _____	Office Expense: \$ _____	Taxes & Licenses: \$ _____
Contract Labor: \$ _____	Wages to Self: \$ _____	Travel: \$ _____
Employee Ben Programs: \$ _____	Wages to Children: \$ _____	Meals (Client/Prospect): \$ _____
Insurance (NOT Health): \$ _____	Wages to Others: \$ _____	Utilities: \$ _____
Health Insurance: \$ _____	Pension/Prof Sharing: \$ _____	_____ : \$ _____
Mortgage Interest: \$ _____	Vehicle Rent/Lease: \$ _____	_____ : \$ _____
Other Interest: \$ _____	Machinery Rent/Lease: \$ _____	_____ : \$ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____