

Schedule C

Business Name _____

Name of Business Owner _____

Spouse's Name _____

Type of Business, Profession, Product, or Service _____

Business Address _____

Accounting Method (select one) Cash Accrual Other

Bring ALL copies of form W-2 for wages and form 1099 when you drop off your tax papers.

BUSINESS INCOME

OTHER BUSINESS INCOME

Gross Receipts / Sales Federal Gas Tax Credit

Returns & Allowances State Gas Tax Refund

Other Income

Total Business Income

Total Other Income

COGS

Beginning Inventory _____

Purchases less personal draw _____

Labor _____

Materials & Supplies _____

Other Costs _____

End Inventory _____

Checked Total Income	
Checked Total Expense	

List the sale of any business assets.

**Preparer Use Only*

Kind of Property / Description Date Acquired Date Sold Sale Price Purchase Price
