

### Schedule C - Profit or Loss from Business

Name: New Client Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- This business started or was acquired during 2020       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2020       Yes  No      You filed Forms 1099 for the individuals

#### Income

	2020		2020
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Returns & allowances . . . . .	_____		_____

#### Expenses

	2020		2020
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses (list) . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage . . . . .	_____		_____
Interest - other . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

#### Cost of Goods Sold

	2020		2020
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	

If your business had any depreciable property, provide us with a list of all assets you owned and a calculation of your prior year depreciation amount claimed on the Form 4562. We will need that detailed list to correctly calculate your current year depreciation amount.

### Expenses Related to Business

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#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  This vehicle is available for use during off-duty hours  
  Another vehicle is available for personal use

Yes No  
  There is evidence to support your deduction  
  The evidence is written

#### Mileage

Number of miles the vehicle was driven during 2020

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

#### Expenses

Garage rent . . . . . \_\_\_\_\_ Repairs . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_ Tires . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_ Tolls . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_ Lease addback . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest . . . . . \_\_\_\_\_ \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_ \_\_\_\_\_

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Excess mortgage interest . . . . . \_\_\_\_\_

Excess real estate taxes . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Repairs & maintenance . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Other expenses . . . . . \_\_\_\_\_

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.