

SCHEDULE C BUSINESS

Federal ID #					
Business Name			Client Name		
Principal Business					
NAICS Code					
Sales - non 1099				\$	
Sales From 1099's				\$	
				\$	
EXPENSES:					
Advertising			Auto and Truck:		
Commissions			Total Miles		
Contract Labor			Business Miles		
			%		
Insurance			Vehicle Insurance	\$	
Health Insurance			Fuel Costs	\$	
			Maintenance	\$	
Interest Expense			Other	\$	
Legal/Professional					
Office Expense					
Rent - office					
Rent - Equipment					
			Bus Miles at .575/mi		
Repairs					
Supplies					
Taxes			Home Office:		
			Total Sq Ft		
Travel			Office Sq Ft		
Meals subject to 50%			%		
Utilities			Interest		
Wages			RE Taxes		
Payroll Taxes			Insurance		
Other Expense:			Utilities		
_____			Other		

			Profit (Loss)		