



**SCHEDULE C CHECKLIST
SOLE PROPRIETORSHIP OR SINGLE MEMBER LLC**

CLIENT NAME _____

Business Name _____

Business Address _____

Employer identification number (EIN), if any _____

- | | | | |
|---|-----|----|----|
| Is this business operated by Spouse? | YES | or | NO |
| Is this business operated by Taxpayer and Spouse? | YES | or | NO |
| Do you use your own name as your business name? | YES | or | NO |
| Do you use your home address as your business address? | YES | or | NO |
| Did you "materially participate" in the operation of this business? | YES | or | NO |
| Did you completely dispose of this business in a fully taxable transaction? | YES | or | NO |

Principal Business or profession, including product or services _____

ACCOUNTING METHOD USED: CASH _____ ACCRUAL _____

Did you make any payments to anyone that would require you to file Form 1099? YES or NO

If yes, did you or do you plan on filing all required forms? _____ ***Please provide a copy of Form 1096

Will you take a home office deduction this year? YES or NO

What is the square footage of your home? _____ Your office? _____

Does your business utilize any accounting software packages such as QuickBooks or PeachTree? YES or NO

If yes, what accounting software do you use? _____

Do you have a SEP, Simple or qualified plan? YES or NO

If yes, please provide documents. Also, consider putting us in touch with your financial advisor.

Did you purchase health insurance for you and/or your family? (do not include amounts paid through an employer plan) _____

If yes, provide your annual premium amounts paid. \$ _____

PLEASE GO TO NEXT PAGE FOR THE SCHEDULE C WORKSHEET

SCHEDULE C (SOLE PROPRIETORSHIP OR SINGLE MEMBER LLC)

INCOME - REPORT ALL INCOME

| | |
|-------------------------|------------|
| Gross Receipts or Sales | \$ _____ |
| Returns & Allowances | \$ - _____ |
| Other Income | \$ _____ |

COST OF GOOD SOLD

| | |
|----------------------|----------|
| Beginning Inventory | \$ _____ |
| Purchases | \$ _____ |
| Cost of Labor | \$ _____ |
| Materials & Supplies | \$ _____ |
| Other Costs | \$ _____ |
| Ending Inventory | \$ _____ |

EXPENSES - LIST ALL EXPENSES

| | |
|-------------|----------|
| Advertising | \$ _____ |
|-------------|----------|

Car & Truck Expenses >>> Please provide make & model of vehicle and when placed in service. In order to take an auto expense, you must provide both a mileage log and receipts for expenses which could include gas, oil, repairs, registration, lease or rental fees, insurance, etc.

| | |
|------------------------|----------|
| TOTAL MILEAGE | _____ |
| BUSINESS MILEAGE | _____ |
| Vehicle Make & Model | _____ |
| Date Placed in Service | _____ |
| Car & Truck Expenses | \$ _____ |

| | |
|-----------------------------|----------|
| Commissions and Fees | \$ _____ |
| Employee Benefits | \$ _____ |
| Insurance (NOT HEALTH) | \$ _____ |
| Mortgage Interest | \$ _____ |
| Other Interest | \$ _____ |
| Legal and Professional | \$ _____ |
| Office Expense | \$ _____ |
| Pension & Profit-sharing | \$ _____ |
| Rent or Lease: | \$ _____ |
| Vehicle/Machinery/Equipment | \$ _____ |
| Other Business Property | \$ _____ |
| Repairs & Maintenance | \$ _____ |
| Supplies | \$ _____ |
| Taxes and Licenses | \$ _____ |
| Travel | \$ _____ |
| Meals & Entertainment | \$ _____ |
| Utilities | \$ _____ |
| Wages Paid | \$ _____ |
| Other Expenses: | \$ _____ |
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |

**Please provide payroll reports