



### Sch C for Small Business

Business Name: \_\_\_\_\_

\*Please use one form per business\*

Please list any items purchased that cost over \$2,500 separately on page 2 this form. Do not include these purchases under the expenses section.

If you have any [auto expenses](#) or [home office expenses](#), please fill out the corresponding forms found on our website.

1099-MISC forms are required to be issued to individuals or companies (corporations excluded) to whom you have paid at least \$600 in rents or services during the tax year. Was your business required to issue 1099-MISC forms? Yes \_\_\_ No \_\_\_

If "Yes", did you file all required Form 1099s? "Yes \_\_\_ No \_\_\_

Health insurance premiums paid by business owner  
(provide only premiums on policies in business owner's name) \_\_\_\_\_

Long-term care premiums paid by business owner  
(provide only premiums on policies in business owner's name) \_\_\_\_\_

#### **Income**

*Please provide all 1099-MISC forms you received*

Gross receipts and sales received \_\_\_\_\_

Other income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to page 2 for Cost of Goods Sold

#### **Expenses (Please provide total amounts paid)**

- |   |   |
|---|---|
| Advertising _____                                   | Property Rental _____   |
| Commissions and Fees _____                          | Storage Rental _____  |
| Contract Labor _____                                | Repairs & Maintenance _____   |
| Insurance _____                                     | Supplies _____  |
| Interest Expense _____                              | Taxes and Licenses _____  |
| Legal & Professional Fees _____                     | Travel ( <small>Flights, ect.</small><br><small>Excluding Meals</small> ) _____ |
| Office Expense _____                                | Meals _____   |
| Rent for vehicles,<br>machinery and equipment _____ | Entertainment ( <small>Not</small><br><small>Deductable</small> ) _____         |
|   | Utilities _____   |

**Other expenses, such as printing, postage and subscriptions**

_____	_____
_____	_____
_____	_____
_____	_____

**Items purchased over \$2,500:**

<u>Date of purchase</u>	<u>Item</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Cost of Goods Sold:**

Cost of Inventory as of the end of the year	_____
Inventory Purchases	_____
Labor	_____
Materials	_____
Other costs:	_____
_____	_____
_____	_____