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BUSINESS INCOME (schedule C)

If you are keeping your records electronically, please provide an electronic backup of your QuickBooks or Excel spreadsheet, etc however your are tracking your records.

Name of Business _____ Date Started _____

Tax Identification Number _____

Total Income: \$ _____

Does your business carry an inventory? ___ Yes ___ No

Value @ Beginning of Year \$ _____ Value @ End of Year \$ _____

Health Ins Premiums Paid \$ _____

Expenses (write in totals, I do not need receipts, include any explanation you feel is necessary):

Accounting	\$ _____	Parking & tolls	\$ _____
Advertising	\$ _____	Pension & Profit Sharing Plans	
Bank Charges	\$ _____		\$ _____
Commissions paid	\$ _____	Printing	\$ _____
Cost of labor	\$ _____	Internet	\$ _____
Postage/Delivery	\$ _____	Rent – vehicles,	
Materials	\$ _____	machinery & equip	\$ _____
Supplies	\$ _____	Rent – other business	
Dues & Subscriptions	\$ _____	property	\$ _____
Employee benefits	\$ _____	Repairs	\$ _____
Insurance (not health)	\$ _____	Security	\$ _____
Janitorial & cleaning	\$ _____	Taxes – real estate	\$ _____
Marketing/Promotion	\$ _____	Taxes – other	\$ _____
Legal & professional	\$ _____	Telephone	\$ _____

Office expenses \$ _____ Small Tools <\$500 \$ _____
 Outside services \$ _____ Travel \$ _____
 License/Permits \$ _____ Lodging while out of town \$ _____
 Uniforms \$ _____

Off Hwy Fuel (Type/Gallons) _____
 (fuel gallons purchased at the pump but not used in a highway vehicle, ie skidsteer, tractor, welder, for business purposes)

Total meals & entertainment in full (50%) _____ DOT meals in full (65%) _____

Wages (please include W-3) \$ _____ Taxes – payroll (please include 941s) \$ _____

Mortgage interest (paid to banks) \$ _____ (please provide year end interest statement)

Other interest \$ _____

Equipment Purchases (please include purchase date, purchase amount, description and any sales/loan agreements):

Miscellaneous other expenses (please include total and explanation):

Auto Expenses: Total Miles Driven: _____ Business Miles: _____

Did you buy a vehicle this year? ___ Yes ___ No

If yes, please provide date purchased, cost, description & any purchase and/or loan documents:

Office in Home? ___ Yes ___ No Total Square Footage of Home _____ Office Area Only _____

Utilities paid \$ _____ Whole Home or Office Only? ___ Home ___ Office

Estimated Payments Made ___ Yes ___ No (please provide dates and amounts of payments below)

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
State	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____

SEP/IRA Contributions (you have until the tax deadline to make a contribution) \$ _____
Please let me know if you'd like me to calculate the maximum you can contribute.

Notes to preparer:
