

Tax Client Schedule C Info-One Form Per Business

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Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

**** Please Note: If possible, it is preferred to have a Profit & Loss. If not available, please use the input sheet below.**

Business Info: (Required for all)	
Taxpayer <input style="width: 50px;" type="text"/>	or Spouse <input style="width: 50px;" type="text"/> Address of Business _____
Name of Business _____	
EIN Number (If any) _____	Business Code Date _____
Accounting Method <input style="width: 30px;" type="text"/> Cash	Business Started _____ Y / N
<input style="width: 30px;" type="text"/> Accrual	Do you do your own books/accounting? Y
<input style="width: 30px;" type="text"/> Other _____ (Specify)	Would you consider outsourcing to us? Y N

General Questions: (Required for all) 1.)			
Are you claiming use of a home office?	Yes	No	<i>If yes...please include Home Office Deduction Worksheet If yes...</i>
2.) Do you have depreciable assets? Yes No <i>please provide a detailed depreciation schedule.</i>			
<i>The schedule should include: (Prior year detail is preferred)</i>			
a. Asset Description			
b. Date Placed in Service			
c. Cost			
d. Accumulated Depreciation			
e. Method of Depreciation and Years			
3.) Vehicle Information	Year/Make/Model: _____	Date Placed in Service: _____	
	Total Miles Driven: _____	Business Miles: _____	Commuting Miles: _____
4.) Self Insured Health Insurance Deduction?	Yes	No	<i>If yes...how much did you pay?</i> \$ _____

Income Questions: (Required if no Profit & Loss)		Y / N
Total Sales _____	Do you know what your business is worth if sold?	Y N
Other Income _____	Would you like to know?	Y N

Cost of Goods Sold: (Required if no Profit & Loss)		Y / N
Beginning Inventory _____	Do you have employees other than yourself?	Y N
Purchases _____	Do you use subcontractors?	Y N
Cost of Labor Materials _____	Do you do your own payroll?	Y N
and Supplies Ending _____	Would you consider outsourcing payroll to us?	Y N
Inventory _____		

General Expenses: (Required if no Profit & Loss)			
Advertising	\$ _____	Rent or Lease	\$ _____
Auto Expenses	\$ _____	a.) Vehicles, Machinery	\$ _____
(other than Mileage)	\$ _____	b.) Other	\$ _____
Commissions	\$ _____	Repairs & Maintenance	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Depletion	\$ _____	Taxes & Licenses Travel	\$ _____
Depreciation (Need Sched)	\$ _____	Meals (Total) Utilities	\$ _____
Employee Benefit Programs	\$ _____	Wages	\$ _____
Insurance (Other than Health)	\$ _____	Other:	\$ _____
Interest	\$ _____		\$ _____
a.) Mortgage	\$ _____		\$ _____
b.) Other	\$ _____		\$ _____
Legal & Professional	\$ _____		\$ _____
Office Expense	\$ _____		\$ _____
Payroll to Yourself	\$ _____		\$ _____
Payroll to Children under 18	\$ _____		\$ _____
Payroll to Others	\$ _____		\$ _____
Pension & Profit Sharing Plans	\$ _____		\$ _____

Tax Client Home Office Deduction Info

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Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

General

Date home was first used for Business? _____

Square Footage of Area Used for Home Business _____

Total Square Footage of the Home _____

Simplified Option

The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)

If you would like to choose this option rather than the Standard Option, enter the necessary info below

Otherwise, skip this section and complete the Standard Option section below.

☐ Y ☐ N I would like to use the "Simplified Option" to claim my Home Office Deduction

_____ Total square feet claimed for Home Office (cannot exceed 300 sq ft)

See: <https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction>
for further information regarding Home Office Deduction

Standard Option - Deduction Expenses:

2018

Casualty Losses Deductible \$ _____

Mortgage Interest Real Estate \$ _____

Taxes Insurance \$ _____

Rent \$ _____

Repairs and Maintenance \$ _____

Utilities \$ _____

Other: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Depreciation:

Do you have depreciable assets? ☐ Yes ☐ No

If yes, describe:

Special Information for the Tax Preparer

YES NO

Is there something "unique" that the preparer should pay special attention to or know?

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