

Use for your individual tax returns for business (Schedule C) and/or farming (Schedule F) activity

**Section 1 - Identity:** Complete entire section for all activities (See other organizer for W2 Employee Business Exp)

Business Owner Name: \_\_\_\_\_ Employer ID#: \_\_\_\_\_

Business name (legal or fictitious): \_\_\_\_\_ Tax Year: \_\_\_\_\_

Description of product/ service/activity: \_\_\_\_\_  Cash  Accrual

Business Address (if not home address): \_\_\_\_\_

Check if legally formed as an LLC

Check if you did NOT materially participate in the business during the year

Indicate Tax Type:  
 Individual/Proprietorship (Schedule C)  
 Farming (Schedule F)

**Section 2 - Income (Schedule C):** Enclose any 1099 forms

**Section 3 - Cost of Sales:** only if selling goods/product

Gross Business Sales:		Inventory on January 1	\$ _____
Credit Card receipts (1099-K)	\$ _____	Goods Purchased	\$ _____
Cash/Check receipts	\$ _____	Less: Items removed for personal use	\$ _____
Less: Returns & Allowances	\$ (_____)	Less: Inventory on December 31	\$ _____
Other Income (indicate type):		Production Labor	\$ _____
_____	\$ _____	Production materials & supplies	\$ _____
_____	\$ _____	Other product costs (indicate type):	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Section 4 - General Business Expenses (Schedule C):** Complete applicable lines only

Advertising	\$ _____	Wages Paid (attach W-2 & W-3 forms)	\$ _____
Commissions & Fees paid (1099-MISC)	\$ _____	Bank Charges	\$ _____
Contract Labor Paid (1099-MISC)	\$ _____	Credit Card Merchant Fees	\$ _____
Health Insurance	\$ _____	Customer Gifts & Incentives	\$ _____
Insurance - Business (non-vehicle)	\$ _____	Dues & Subscriptions	\$ _____
Interest - mortgage (1098) on busn property only	\$ _____	Education	\$ _____
Interest - other (trade, credit card, non auto loans)	\$ _____	Internet	\$ _____
Professional Services - Legal, Tax & Acct	\$ _____	Marketing & Promotion Supplies & Expense	\$ _____
Office Supplies & Expense (list assets on pg 2)	\$ _____	Postage	\$ _____
Rent - Machinery & Equipment	\$ _____	Utilities	\$ _____
Rent - Building	\$ _____	Telephone (cell & exclusive busn line or fax)	\$ _____
Repairs & Maintenance	\$ _____	Uniforms (not usable outside work)	\$ _____
Supplies	\$ _____	Other Expenses (not listed above or on pgs 2-3)	_____
Taxes - Payroll	\$ _____		\$ _____
Taxes - Sales (if included in income above)	\$ _____		\$ _____
Taxes - Licenses & Fees	\$ _____		\$ _____
Travel - Lodging & Transportation	\$ _____		\$ _____
Travel - Meals & Entertainment	\$ _____		\$ _____

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**Section 5 –Farm Income – Cash Receipts: Enclose any 1099 forms**

Sale of Livestock/Items Purchased for Resale:					If you purchased any property (i.e. equipment, animals for use in farming) or made improvements use Section 7 to detail the information. Enclose copies of contracts on financed items and information on the sale of any property during the year.
	Description	Date Acq'd	Cost	Sale Amount	
Livestock:			\$	\$	
			\$	\$	
			\$	\$	
Other:			\$	\$	

  

Sale of Items Raised/Held for Resale:				Other Farm Income	Amount
Kind	Amount	Kind	Amount		
				Agriculture program pmts (cash)	\$
Calves/Cattle	\$	Soybeans	\$	Agriculture program pmts (mat/svc)	\$
Sheep/Poultry/Swine	\$	Corn	\$	CCC Loans reported	\$
Dairy Products	\$	Vegetables	\$	CCC Loan forfeited	\$
Eggs	\$	Nuts	\$	Gasoline Tax Refund	\$
Hay	\$	Straw	\$	Custom Hire (Machine Work)	\$
Fruits	\$	Grains	\$	Crop Insurance Proceeds	\$
Cotton/Wool/Tobacco	\$	Other:	\$	Merchandise rec'd for produce	\$

**Section 6 –Farm Expenses – Cash Disbursements: Complete applicable lines only**

Attorney & Accounting	\$ _____	Office Supplies	\$ _____	Medicine	\$ _____
Car & Truck Expenses	\$ _____	Interest	\$ _____	Utilities	\$ _____
Conservation	\$ _____	Lease (equip, vehicles)	\$ _____	Veterinary	\$ _____
Custom Labor Hire	\$ _____	Lease (land, animals)	\$ _____	Breeding	\$ _____
Feed	\$ _____	Repairs & Maintenance	\$ _____	Wages Paid	\$ _____
Fertilizer & lime	\$ _____	Seeds & Plants	\$ _____	Other Expenses (specify):	
Freight & Trucking	\$ _____	Storage & warehousing	\$ _____	_____	\$ _____
Fuel, Oil, Gasoline	\$ _____	Supplies	\$ _____	_____	\$ _____
Insurance (farm portion)	\$ _____	Taxes	\$ _____	_____	\$ _____

**Section 7 – Business Assets Acquired (Schedule C & F)**

Did you acquire assets used in your business during the year (computer(s), equipment, furniture, etc.)?  Yes  No

If Yes, provide details below for each; if No, proceed to Section 8. Use additional sheets if needed.

DESCRIPTION	DATE PURCHASED	COST
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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**Section 8 – Vehicle Expenses: Complete only if applicable**

	Vehicle #1	Vehicle #2
Date vehicle was placed in service	_____	_____
Vehicle Year, Make & Model	_____	_____
TOTAL Mileage driven during the year	_____	_____
BUSINESS mileage driven during the year (not commuting miles)	_____	_____
<input type="checkbox"/> Check if using STANDARD MILEAGE and proceed to Section 9		
<input type="checkbox"/> Check if using ACTUAL EXPENSES & complete information below		
Operating expenses including gasoline, oil, repairs, maintenance, Insurance, registration, (not traffic violations), etc.	\$ _____	\$ _____
Business parking fees & tolls (excluding personal)	\$ _____	\$ _____
<b>If you OWN the vehicle(s):</b>		
Date Purchased	_____	_____
Vehicle Cost	\$ _____	\$ _____
Vehicle loan interest paid during the year	\$ _____	\$ _____
<b>If you LEASE the vehicle(s):</b>		
Date lease began	_____	_____
Length of Lease	_____	_____
Cost of vehicle if you had purchased it	\$ _____	\$ _____
Down payment on lease	\$ _____	\$ _____
Lease payments for the year	\$ _____	\$ _____

**Mandatory Questions:**

The IRS is requiring all business owners to disclose on the Schedule C if they prepared and filed any Form 1099's for payments for Rent, Subcontractors, Professional Services, etc to any non-incorporated entities. If you paid any of these entities more than \$599 in total for the year, then you are required to issue Form 1099's to them.

Was your business required to issue 1099 forms?                      Yes \_\_\_\_ No \_\_\_\_

If Yes, did you prepare and file the 1099 forms                      Yes \_\_\_\_ No \_\_\_\_

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**Section 9 – Home Office (for Schedule C only)**

Check if you meet the primary & exclusive use test. If you have questions see below.

Space (sq feet) used exclusively for your business office/storage \_\_\_\_\_

Total space (sq feet) of your home \_\_\_\_\_

Date home acquired & date home placed in service \_\_\_\_\_

Original cost of home & cost of subsequent improvements \$ \_\_\_\_\_ \$ \_\_\_\_\_

Record following expenses at 100% unless otherwise indicated:

Deductible home mortgage interest (Form 1098) \$ \_\_\_\_\_

Real Estate taxes paid \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_

Repairs & Maintenance (whole house) \$ \_\_\_\_\_

Repairs & Maintenance (spec to busn space) \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other Expenses (ie: security, HOA, etc) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Home Office Rules for Schedule C Business Entities:**

- 1) You must meet one of the following three usage requirements:
  - (1) Separate structure not attached to the dwelling unit that is used exclusively & regularly for your business activity
  - (2) If within your living structure, a room/space used regularly to physically meet with customers and never used for personal purposes.
  - (3) Or, if within your living structure, a room/space used as the only office space for your business (no commercial location) and you either spend the majority of your time working there (not out of the house) or it is the only suitable place for performing administrative or management activities required by the business. If you sell retail product, it may also include the storage space for the product.
- 2) If you qualify under any one of the three rules above, the home office must be used EXCLUSIVELY for the business
- 3) It must be regularly used for the business; you must use the home office in connection with your work on a continuous, ongoing or recurring basis. Generally, at least a few hours every week. Occasional or sporadic business usage will not pass the test.