

MARKO TAX & FINANCIAL SERVICES LLC

SCHEDULE C – SMALL BUSINESS INCOME AND EXPENSES CHECKLIST (FILL OUT A SHEET FOR EACH SEPARATE BUSINESS)

TYPE OF BUSINESS _____ DATE STARTED _____ EIN# _____
ADDRESS OF BUSINESS _____

INCOME:

Gross receipts, sales, 1099's or Other Income _____

COST OF GOODS SOLD (INVENTORY):

Purchases less cost of personal use items _____

Labor costs (not including owner's salary) _____

Materials and supplies _____

EXPENSES:

Advertising _____

Commissions & Fees _____

Insurance (other than health insurance) _____

Legal & professional services _____

Office expenses _____

Pension & Profit sharing plans _____

Rent (building, machinery or other) _____

Repairs _____

Supplies (not included in Cost of Goods Sold) _____

Taxes & licenses _____

Travel expenses (tolls, parking, airfare) _____

Meals & entertainment _____

Telephone (do not include personal line basic service charges) _____

Wages or Subcontractors (do not include your salary) _____

Cell Phone _____

Self Employed Health Insurance Premiums _____

Self Employed IRA, Simple IRA, SEP IRA or Individual 401k contributions _____

Other Expenses (list);

DEPRECIATION: Any major purchases of Equipment, Tools, Furniture, Etc for the business

*** List each item separately, date purchased and how much paid on separate sheet & attach to this sheet ***

CAR AND TRUCK EXPENSES:

Type of car _____ Total paid for car _____ Purchased Date _____

Total miles driven for year _____ Business miles driven _____

Actual expenses: Gas, Repairs, Oil changes, Insurance, Tolls, Parking, Interest, etc.)

*** Provide list of actual expenses, amount paid and attach to this sheet***

BUSINESS USE OF HOME:

Are you deducting business use of home? Yes _____ No _____

Total square footage of your home or apartment _____

Square footage of area used for office _____

Mortgage interest paid for year or Rent _____

Homeowners or renters insurance _____

Total paid for Gas, Electric, Heat and Water _____

Property taxes paid _____

Other Expenses _____

I certify that the information above was provided by me from receipts and documentation in my possession and to the best of my knowledge it is accurate and complete.

Signed _____ Date _____