



# WJ GORDON & ASSOCIATES

ACCOUNTING FOR ALL SEASONS

## SCHEDULE C CHECKLIST SOLE PROPRIETORSHIP OR SINGLE MEMBER LLC

CLIENT NAME \_\_\_\_\_

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

Business Address \_\_\_\_\_

Employer identification number (EIN), if any \_\_\_\_\_

- Is this business operated by Spouse? YES or NO
- Is this business operated by Taxpayer and Spouse? YES or NO
- Do you use your own name as your business name? YES or NO
- Do you use your home address as your business address? YES or NO
- Did you "materially participate" in the operation of this business? YES or NO
- Did you completely dispose of this business in a fully taxable transaction? YES or NO

Principal Business or profession, including product or services \_\_\_\_\_

ACCOUNTING METHOD USED: CASH \_\_\_\_\_ ACCRUAL \_\_\_\_\_

Did you make any payments to anyone that would require you to file Form 1099? YES or NO  
If yes, did you or do you plan on filing all required forms? \_\_\_\_\_ \*\*\*Please provide a copy of Form 1096

Will you take a home office deduction this year? YES or NO  
What is the square footage of your home? \_\_\_\_\_ Your office? \_\_\_\_\_

Does your business utilize any accounting software packages such as QuickBooks or PeachTree? YES or NO  
If yes, what accounting software do you use? \_\_\_\_\_

Do you have a SEP, Simple or qualified plan? YES or NO  
If yes, please provide documents. Also, consider putting us in touch with your financial advisor.

Did you purchase health insurance for you and/or your family? (do not include amounts paid through an employer plan) \_\_\_\_\_  
If yes, provide your annual premium amounts paid. \$ \_\_\_\_\_

**PLEASE GO TO NEXT PAGE FOR THE SCHEDULE C WORKSHEET**

SCHEDULE C (SOLE PROPRIETORSHIP OR SINGLE MEMBER LLC)

**INCOME - REPORT ALL INCOME**

Gross Receipts or Sales	\$ _____
Returns & Allowances	\$ - _____
Other Income	\$ _____

**COST OF GOOD SOLD**

Beginning Inventory	\$ _____
Purchases	\$ _____
Cost of Labor	\$ _____
Materials & Supplies	\$ _____
Other Costs	\$ _____
Ending Inventory	\$ _____

**EXPENSES - LIST ALL EXPENSES**

Advertising	\$ _____
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**Car & Truck Expenses >>>** Please provide make & model of vehicle and when placed in service. In order to take an auto expense, you must provide both a mileage log and receipts for expenses which could include gas, oil, repairs, registration, lease or rental fees, insurance, etc.

TOTAL MILEAGE	_____
BUSINESS MILEAGE	_____
Vehicle Make & Model	_____
Date Placed in Service	_____
Car & Truck Expenses	\$ _____

Commissions and Fees	\$ _____
Employee Benefits	\$ _____
Insurance (NOT HEALTH)	\$ _____
Mortgage Interest	\$ _____
Other Interest	\$ _____
Legal and Professional	\$ _____
Office Expense	\$ _____
Pension & Profit-sharing	\$ _____
Rent or Lease:	\$ _____
Vehicle/Machinery/Equipment	\$ _____
Other Business Property	\$ _____
Repairs & Maintenance	\$ _____
Supplies	\$ _____
Taxes and Licenses	\$ _____
Travel	\$ _____
Meals & Entertainment	\$ _____
Utilities	\$ _____
Wages Paid	\$ _____
Other Expenses:	\$ _____
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

\*\*Please provide payroll reports