



**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	\$ _____	TOTAL MILEAGE	_____
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.			
Commissions and Fees	\$ _____	BUSINESS MILEAGE	_____
Employee Benefits	\$ _____	Vehicle Make & Model	_____
Insurance (NOT HEALTH)	\$ _____	Date Placed in Service	_____
Mortgage Interest	\$ _____	Car & Truck Expenses	\$ _____
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	\$ _____	**Please provide payroll reports	
Other Expenses:	\$ _____		
1.	\$ _____		
2.	\$ _____		
3.	\$ _____		
4.	\$ _____		