

BEST RETURN BOOKKEEPING

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SCHEDULE C WORKSHEET

Business Name:	Employer ID#(EIN):	
Principal Business or Profession:		
Address (if different from home):		
City:	State:	Zip:

INCOME

Please provide all income received including any 1099 – MISC. \$ _____

EXPENSES

Advertising	\$ _____	Rent – Vehicle, Machinery	\$ _____
Commissions and Fees	\$ _____	Rent – Other	\$ _____
Contract Labor	\$ _____	Repairs/Maintenance	\$ _____
Employee Payroll	\$ _____	Supplies	\$ _____
Employee Benefits	\$ _____	Taxes and Licenses	\$ _____
Insurance	\$ _____	Travel	\$ _____
Interest – Mortgage	\$ _____	Meals	\$ _____
Interest – Other	\$ _____	Utilities	\$ _____
Legal and Professional Svcs.	\$ _____	Wages	\$ _____
Office Expense	\$ _____	Other Expenses (*List Name/Amounts Below)	

Other Expenses (Continued):

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

BUSINESS MILEAGE

Was the Business Vehicle Available for Personal Use During Off-Duty Hours? Yes _____ No _____
Did the Taxpayer (or Spouse) Have Another Vehicle Available for Personal Use? Yes _____ No _____
Does the Taxpayer Have Evidence to Support This Deduction? Yes _____ No _____
If "Yes," is the Evidence Written? Yes _____ No _____
Make/Model: _____ Date Placed in Service: _____
Business Miles _____ Commuting _____ Other _____

BUSINESS USE OF THE HOME (Square footage not to exceed 300sq feet.)

Square Feet of Home Used Exclusively for Business _____
Total Square Feet of Home _____