

# **SELF EMPLOYED BUSINESS OWNERS - SCHEDULE C**

**Business name:** \_\_\_\_\_

Complete a separate page for each business if you have more than one

## **New client information:**

Address \_\_\_\_\_  
City, state & zip \_\_\_\_\_  
Employer Identification number [if any] \_\_\_\_\_

## **Tax filings**

FILING

Ohio Commercial Activity Tax  
Sales Tax Forms  
Payroll Forms  
1099 Information Returns

Employee payroll forms up to date [W-4/I-9 etc]      **Y / N**

**Self Employed Health Insurance Cost\***      \$ \_\_\_\_\_

*\*Only include amount if insurance is not offered to your spouse by their employer.*

## **Current Year Accounting Records:**

### **If you use an accounting software package:**

After you have completed all account reconciliations forward a copy of your financial statements [income statement and balance sheet]. If you are using QuickBooks software please send a backup copy - **do not forward a portable or accountants backup.**

1) Identify any balances that you do not believe are correct and provide the correct amount.

Have you reconciled cash to agree to bank statements      **YES   NO**

2) Are there any expenses which you have NOT recorded in your software:

Office in home: ---->      **Complete Office in Home section**  
Automobile:      ---->      **Complete Automobile section**

Other: \_\_\_\_\_

After you have completed all account reconciliations forward a copy of your financial statements [income statement, balance sheet and general ledger or complete the following:

**Income:**

Gross receipts (include any 1099s received) \$ \_\_\_\_\_  
 Returns and allowances \_\_\_\_\_  
 Other income \_\_\_\_\_

**Cost of Goods Sold:**

Inventory at beginning of year \$ \_\_\_\_\_  
 Purchases \_\_\_\_\_  
 Cost of items for personal use \_\_\_\_\_  
 Cost of labor \_\_\_\_\_  
 Materials & Supplies \_\_\_\_\_  
 Other costs \_\_\_\_\_  
 Inventory at end of year \_\_\_\_\_

**Expenses:**

Advertising \$ \_\_\_\_\_  
 Commissions & Fees \_\_\_\_\_  
 Contract Labor \_\_\_\_\_  
 Insurance (Not Health) \_\_\_\_\_  
 Interest Expense business related loans \_\_\_\_\_  
 Legal & Professional \_\_\_\_\_  
 Office Expense \_\_\_\_\_  
 Pension Plan Fees \_\_\_\_\_  
 Rent - Equipment \_\_\_\_\_  
 Rent - Other \_\_\_\_\_  
 Repairs (Not personal residence) \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Taxes - Employer Payroll Taxes \_\_\_\_\_  
 Taxes - Sales Taxes \_\_\_\_\_  
 Taxes - Other \_\_\_\_\_  
 Taxes - Personal Property Taxes \_\_\_\_\_  
 Entertainment & Meals \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Utilities (Not personal residence) \_\_\_\_\_  
 Wages (W-2 for employees)\* \_\_\_\_\_  
 \_\_\_\_\_  
 Dues & Publications \_\_\_\_\_  
 Equipment - Less than \$100/item \_\_\_\_\_  
 Freight \_\_\_\_\_  
 Gifts (Limit \$25 per person) \_\_\_\_\_  
 Cellphone business portion \_\_\_\_\_  
 Internet Service \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Telephone (2nd line if residence phone) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Wages- Please provide copies of W-2's as well as W-3 and year end payroll records

**ASSET PURCHASES: Equipment - Over \$100/Item & Leasehold Improvements**

Date	Cost	Item Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DISPOSALS : Equipment - Item & Leasehold Improvements**

Date	Cost	Item Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Personal expenses cannot be deducted - do not include personal expenses in your company's records. Make sure to read the information below regarding BUSINESS EXPENSE DEDUTCTIONS.*

If you had any barter transactions during the year that are not reflected in your financial statements, please provide the amount of income you would have received and the amount of payment you would have made had cash been exchanged. Business expense deductions must be based on a log and/or other receipts and records. Actual receipt for expenditures of \$75 or more and for all lodging expenses. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that [1] you discussed business during the meal, or [2] you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or [3] you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. You may not deduct these expenses unless documented (we do not need copies of your documentation).

**Automobile Expenses**

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>	<u>VEHICLE 3</u>
Vehicle description	_____	_____	_____
Date placed in service, if new	_____	_____	_____
Total miles driven for the year	_____	_____	_____
Commuting miles included in total	_____	_____	_____
Total business miles	_____	_____	_____
Parking, fees and tolls	_____	_____	_____
Vehicle interest	_____	_____	_____
Vehicle license or taxes	_____	_____	_____
Gasoline, oil and repairs	_____	_____	_____
Vehicle insurance	_____	_____	_____
Vehicle lease or rental costs	_____	_____	_____
Other Expenses	_____	_____	_____

*See IRS Publication 463 and consult us - if you have questions about your eligibility to claim vehicle expenses*

