

REMOTE TAX PROS

Fastest refunds around

SCHEDULE C (PROFIT OR LOSS FROM BUSINESS) PERSONAL INFORMATION

	First Name & MI	Last Name	Social Security Number	Date of Birth
Taxpayer				
Spouse				

Check this box if this business is operated jointly by taxpayer and spouse.....

Check this box if you use your own name as your business name.....

Check this box if you use your home address as your business.....

Business Name or Profession: _____

Business Address/City/State/Zip: _____

Employer Identification number (EIN) _____

BUSINESS INCOME

Total Income from the Business \$ _____

Car Expense

If you use your car extensively for business and feel you can get a larger deduction taking actual expenses instead of the allowance that the IRS allows per mile, the following information is needed

Mileage: Business _____ Commuting _____ Personal _____

Cost of Vehicle.....\$ _____

Make & Model of the Vehicle..... _____

Miles driven Jan to Aug _____

Miles driven Aug to Dec _____

Gas & Oil cost \$ _____

Insurance..... \$ _____

Repairs and Maintenance..... \$ _____

Tires and Accessories..... \$ _____

License..... \$ _____

Lease Payments \$ _____

Washing & Oil Change \$ _____

Other expenses..... \$ _____

OTHER EXPENSES

Advertising.....\$ _____

Rent or Lease Expenses.....\$ _____

Rent or Lease Land..... \$ _____

Repair/Maintenance.....\$ _____

Taxes and License.....\$ _____

Travel, Meals and Entertainment \$ _____

Office Expense\$ _____

Other Expenses.....\$ _____

Utilities/Telephone\$ _____

Supplies \$ _____

Legal & Professional Services \$ _____

I understand that I am responsible for providing accurate information and declare that all the information that I have provided on this form is complete, true and accurate. Receipts and logs can be provided to further prove any information the IRS needs confirmed.

X _____
Taxpayer Signature

X _____
Spouse Signature