

Business Income/Expenses: Schedule C/Sole Prop

Business Name:

Business Address :

EIN # _____ - _____

(If no EIN leave blank)

Business Income:

Income Reported through forms 1099-K/NEC/MISC: _____

Other Income: _____

Total Business Income: _____

Business Expenses:

Accounting: _____

Advertising: _____

Continuing Education: _____

Business Bank Account Fees: _____

Business License: _____

Cell Phone (100% of cost) _____

Cell Phone purchase _____

Cleaning/Janitorial/Maintenance: _____

Credit Card Processing Fees: _____

Credit Card Interest Paid on Business Expenses: _____

Computer Services and Supplies: _____

Delivery and Frieght: _____

Dues and Subscriptions: _____

Equipment Rent: _____

Fax Service: _____

Business Insurance: _____

Internet (100% of cost): _____

Meals for business meetings: _____

Office Supplies: _____

Permits and Bonds: _____

Phone Line: _____

Postage/PO Box: _____

Health Insurance: _____

Office Space Rent: _____

Payroll: _____

DOR and City Taxes Paid: _____

Legal & Professional: _____

Office Expense: _____

Independent Contractors Expense: _____

Other: _____

Some Businesses have:

Cost of Materials for Jobs: _____
Inventory Purchases: _____
Inventory \$ Remaining 12/31/24 _____

Labor Expenses:

**Anyone paid over \$600??? YES OR NO*

**You are required to file 1099-MISC and 1096 forms with the IRS by Jan. 31st*

Please include : Name, Address, SSN & Amount paid \$\$\$

Business related Mileage:

Make and Model Vehicle: _____
Miles driven for business: _____
Commuting to W2 job miles: _____
Total Miles on Vehicle for Year: _____

Over night out of town travel:

City and state: _____ # days spent in location _____

Business Travel Expenses:

Plane, Train, Bus tickets to/from: _____
Luggage: _____
Hotel/Motel: _____
Cabs and subways: _____
Parking/Tolls: _____
Travel Meals: _____

Major Purchases: (any item purchased for business over \$2500)

Description of Purchase: _____ date _____ amount pd _____

Home Office Expense:

Square footage of your home _____

Square footage of office _____

STOP here if you would rather use \$5/sq. foot up to 300 sq. feet

Mortgage Interest paid: _____

Rent Paid: _____

Utilities

Water: _____

Electric: _____

Gas: _____

Repairs to Home:

New Business or Employee Expenses? Please contact Cressey for more information.

CRESSEY RICE TAX SERVICE LLC

PO BOX 338 CLEARLAKE WA 98235 O: (360) 588-4935 F: (866) 570-4305