

General Business Information (Schedule C)

Name: _____	SSN: _____
Type of Business: _____	Date business Started: _____
Address of Business: _____	Phone Number: _____

Income Received

1099: _____	Cash: _____
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Expenses

Advertising	Cleaning
Bank Charges	Repairs
Commissions	Maintenance
Insurance	Utilities
Management Fees	Other Expenses
Mortgage Interest	Other Interest
Supplies	Legal Expenses
Phone Expenses	Taxes

Vehicles Expenses

Vehicle Type _____	Purchase Date: _____	Cost of Vehicle: _____
Business Miles Driven: _____	Total Miles Driven: _____	Date Placed in Service: _____
Do you have written records to support miles? Yes _____ No _____		
Parking & Tolls	Tires/ Repairs	Loan Interest
Gas & Oil	Insurance	Taxes

Office in Home

Sq. Ft. Used for Business: _____	Total Sq. Ft. of Home: _____
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We will prepare your tax return from the information you've furnished. Upon examination, taxing authorities may request copies of supporting documents, therefore preserve all records for which you may be called upon produce.

I certify that the information on this and any other form submitted is complete and correct.

Signature: _____ Date: _____

tiatatem@gmail.com

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