

2019 SCHEDULE C - BUSINESS INCOME & EXPENSES

Business Name: _____

Address: _____

EIN: _____ Type of business: _____

Please indicate whether owned by _____ taxpayer, _____ spouse, or _____ joint.

Was business active the entire year? YES NO

Did you make any payments in 2019 that would require you to file Form(s) 1099? YES NO

If "Yes," did you or will you file all required Forms 1099? YES NO

Did you have any bartered transactions in 2019? YES NO

Do you want to make the Safe Harbor election for 2019 to expense all equipment under \$2500.00? YES NO

Do you receive credit card payments from your customers? YES NO **Please bring in form 1099-K, if received.**

Do you have an area in your primary residence that is used "regularly and exclusively" for business? YES NO

If yes, **please complete reverse side** for Business Use of Home Deductions.

INCOME:

Gross sales: _____

Other Income: _____

Other Income: _____

Description: _____

COST OF GOODS:

Purchases: _____

Materials: _____

Other: _____

Ending Inventory: _____

Date Inventory Count was taken: _____

SELF EMPLOYED HEALTH INSURANCE PAYMENTS: _____

EXPENSES:

Advertising _____
Car & Truck Exp. _____
Commissions & Fees _____
Equipment Rent _____
Insurance _____
Interest _____
Legal & Accounting _____
Office Expenses _____
Rent _____
Maintenance & Repair _____
Meals & Entertainment _____
Supplies _____
Taxes/Licenses _____
Travel _____
Utilities _____
Wages _____

VEHICLE INFORMATION:

Model _____
Date Placed in Service _____
Total annual mileage (Include all miles driven)

Business Miles _____
Personal Miles _____
Vehicle Loan Payments _____
Principal _____
Interest _____

EQUIPMENT PURCHASES

DATE	ITEM	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you sell or dispose of any equipment? YES NO

2019 BUSINESS USE OF HOME

Total square feet of home _____

Area used regularly & exclusively for business _____ sq. feet.

Use Simplified Method - \$5/sq ft (Up to 300 sq ft) _____

Use Form 8829

Adjusted Basis for depreciation:

Purchase Price _____

Cost of Improvements _____

*Bring in Island County Property Tax Assessment.

If Daycare: Number of hours per day _____

 Number of days open _____

EXPENSES RELATED TO THE HOME:

Mortgage Interest _____

Real Estate Taxes _____

Insurance _____

Maintenance and Repairs _____

Utilities _____

Rent _____

Telephone (additional cost only) _____

Internet _____

Security _____

Other _____

Other _____