

**Sole Proprietor Information Sheet
(Schedule C)**

I certify that I incurred the following expenses and received the revenue for tax year _____

Total Revenue \$ _____

| | | | |
|-------------------------------|----|------------------------------------|----|
| Descriptions | \$ | Personal Property | \$ |
| Advertising | \$ | Employee | \$ |
| Bad Debts | \$ | Other | \$ |
| Commissions Paid | \$ | Travel | \$ |
| Fees Paid | \$ | Meals/Entertainment | \$ |
| Depletion | \$ | Enter Total 50% (deductibles) | \$ |
| Depreciation/Section 179 | \$ | Wages | \$ |
| Insurance (other than health) | \$ | Pension and JJJ sharing | \$ |
| Mortgage Interest | \$ | Cost of Goods Sold | \$ |
| Other Interest Payments | \$ | Beginning Inventory | \$ |
| Licenses | \$ | Purchases | \$ |
| Professional Services | \$ | Personal Use Total | \$ |
| Legal Services | \$ | Other Costs | \$ |
| Office Expenses | \$ | Ending Inventory | \$ |
| Phones | \$ | Equipment Purchased or Sold (list) | \$ |
| Business Line | \$ | Car Expenses | \$ |
| Cellular | \$ | Mileage | \$ |
| Pager | \$ | Business | \$ |
| Rent | \$ | Commuting | \$ |
| Vehicle | \$ | Other | \$ |
| Machinery | \$ | Actual Expenses | \$ |
| Equipment | \$ | Gas | \$ |
| Other Business Rent | \$ | Oil | \$ |
| Supplies | \$ | Tires | \$ |
| Taxes | \$ | Repairs | \$ |
| Real Estate | \$ | Tolls/Parking | \$ |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |

Signature _____

Date _____

Print Name _____

SSN _____