## Business Information Schedule C Worksheet



## **GIG HARBOR TAX AND ACCOUNTING**

GET WHAT YOU DESERVE, GET A TAX PROFESSIONAL ON YOUR SIDE!

15210 Stevens Rd SE Olalla, WA 98359

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Phone (253) 509-8928 kelly@gigharbortaxandaccounting.com

Business Income (Attach 1099-MISC Forms)

Business Name				
Federal ID No				
Principal Business Activity				
Principal Product				
Method Used to Value Inventory				
Accounting Method: Cash Accrual	]			
Gross Income	Amount			
Gross Income				
Less Returns/Allowances				
Cost of Sales:				
Beginning Inventory				
Purchases				
Cost of Labor				
Materials and Supplies				
Freight In				
Other				
Ending Inventory				

Business Deductions	Amount
Advertising	
Auto/Truck Expense	
Commissions and Fees	
Contract Labor Depletion	
Employee Benefit Program	
Insurance (other than health)	
Interest - Mortage	
Interest – Other	
Legal & Professional Fees	
Office Expense	
Pension & Profit Sharing	
Rent or Lease (vehicles/equip.)	
Rent (other business property)	
Repairs & Maintenance Supplies	
Taxes & Licenses	
Travel Expense	
Total Meals/Entertainment	
Utilities	
Wages	
Other Expenses (list):	
Other Expenses (list): Total	
Family Health Coverage	

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Is the business licensed with Department of Revenue? Yes Did you complete a B & O tax re				
Did you purchase any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any assets to business use (List the description, related business/activity, date placed in service and cost of basis. Provide HUD Report for real estate p		Yes	Νο	
	icle for business? (Provide required n	nileage log)	Yes No	
Are you required to give form 1099 to any vendors who performed work for you in your business?	No If yes, did you or will you	file all required 1099 for	ms? Yes	Νο
Did you have business start-up costs in 2021?	cription of these costs below.)			
Description of Business Assets	Da	te Purchased	Cost	Trade-In (if any)
Did your business close in 2021?				<u> </u>
Business Use of Home		T ( ) A ( )		<i>.</i>
Nature of Business Activity Performed in Home:		Total Area of Home: sq. ft.		
Did you have another Office Outside of the Home? Yes No		Total Area Used for	Business:	sq. ft.
Non-Exclusive Use by Day Care Providers Only: Hours/Day Used for Day Care: Days/Years Used for Day C	are:			
Other Information and Notes:	Business Miles			
	Total Miles:			
	Personal Miles:			
	Do you have written do		•	
	deduction? Ye MILEAGE MUST BE	<b>N</b> 1	,	

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NOTES:	Amount	Other Business Deductions
		Other Evponges Total
		 Other Expenses Total