

Business Information



BUSINESS INFORMATION (applicable to all returns with Schedule C income/expense)	
Taxpayer Name	Last Four of SSN
Business Name	
What kinds of products/services do you offer?	
Where do you conduct business?	Do you have set hours of operation?
How is payment amount determined? <i>(Charged per client/service/product, daily/weekly/monthly rate, paid by job, receives tips, etc.)</i>	
How much do you charge for your products/services? <i>(If amount varies by service or customer explain here)</i>	
How often do you provide products/services? <i>(If frequency varies by service or customer, explain here)</i>	
What method of payment do you receive? <i>(Cash, Check, Credit Cards, online, accepts multiple payment methods, other)</i>	
How do you get new customers?	
Was income steady year round or were there changes in operations? <i>(Seasonal business, increase or decrease in clients or services, business growth, etc.)</i>	
Use this section for additional information and calculations used to arrive at final income amount. (Additional Worksheet Available)	
What types of items do you need to operate your business? <i>(List specific types of tools, supplies, office materials, etc.)</i>	
How often do you need to replenish your supplies? <i>(List frequency of purchase for every item listed above.)</i>	
Do you travel for business?* <i>(*If yes, complete the Vehicle Use Worksheet)</i>	
Are there additional expenses associated with your business? <i>(Insurance, licensing, advertising, wages, utilities, etc.)</i>	
How much was spent on each additional expense? <i>(Indicate in answer if amount listed was annual, monthly, one time fee, etc.)</i>	
Use this section for any additional information and calculations used to arrive at final expense amounts (Additional worksheets available)	
*Ensure all supporting documents including additional pages used for calculation of total amounts are attached	
I have provided the above information to Elite Accounting, Inc for the preparation of my individual tax return	
Taxpayer Signature _____	Date _____

Business Income Services and/or Products



SERVICE BUSINESS INCOME INFORMATION					
Customer Name	Customer Contact Information <small>(phone/address)</small>	Services Provided	Cost of Services	Number of Payments Received	INCOME
TOTAL INCOME					\$

PRODUCT SALES INCOME INFORMATION					
Product	Full Sale Price	Discounted Sale Price <small>(if applicable)</small>	Number of Products Sold at Full Price	Number of Products Sold at Discount <small>(if applicable)</small>	TOTAL SALES AMOUNT
TOTAL SALES INCOME					\$

COST OF GOODS SOLD		
<small>*Does not apply to taxpayers who do not have goods to sell</small>		
TYPE OF EXPENSE	DESCRIPTION	DOLLAR VALUE
A. Inventory at beginning of year		\$
B. Purchases <small>(less cost of personal use items)</small>		\$
C. Materials and supplies <small>(for manufacturing goods)</small>		\$
D. Cost of labor <small>(Do not include amounts paid to TP)</small>		\$
E. Other Costs <small>(provide details)</small>		\$
F. Add lines A-E		\$
G. Inventory at end of year		\$
Cost of Goods Sold (subtract line G from line F)		\$

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Business Expenses



EXPENSES		
* A description of items purchased/expenses incurred should be provided for every expense claimed		
TYPE OF EXPENSE	DESCRIPTION OF EXPENSE / ITEMS PURCHASED	COST FOR TAX YEAR
A. Advertising <i>(List ads used under description)</i>		\$
B. Supplies <i>(List items purchased under description)</i>		\$
		\$
		\$
		\$
		\$
C. Interest on Business Loans <i>(provide loan info)</i>		\$
D. Machinery Rent/Lease <i>(list items)</i>		\$
E. Equipment Rent/Lease <i>(list items)</i>		\$
F. Other Business Property Rent/Lease <i>(list items)</i>		\$
G. Utilities <i>(list types under description)</i>		\$
H. Office Expenses <i>(list types under description)</i>		\$
I. Taxes <i>(provide detail on state, federal, property, etc.)</i>		\$
J. Licenses & Permits <i>(list types)</i>		\$
K. Legal & Professional Services <i>(list types)</i>		\$
L. Insurance <i>(list types, do not include medical)</i>		\$
M. Cellphone <i>(allocated for business use)</i>	Full annual cost _____ Percentage used for business _____	Available for personal use? _____ Total allowable expense <i>(annual cost less personal use)</i> \$ _____
N. Other <i>(Provide detail in description section)</i>		\$
		\$
		\$
		\$
		\$

EMPLOYEE/CONTRACT LABOR EXPENSE

**Do not include any expense applicable to Cost of Goods Sold*

TYPE OF EXPENSE	DESCRIPTION	DOLLAR VALUE
A. Fees, Commissions, Salaries <i>(list number of employees and detail on payment)</i>		\$
B. Contract Labor <i>(list number of contractors and detail on payment)</i>		\$
C. Employee Benefit Programs <i>(list types)</i>		\$

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Taxpayer Signature _____ Date _____

Additional Notes/ Calculations

Vehicle Expense Worksheet



MILEAGE/VEHICLE EXPENSE	
What are you using the vehicle for in your business?	_____
When was vehicle placed into service for business?	What was the make, model, and cost of the vehicle? _____
What method of expense are you using? <i>(Standard Mileage or Actual Expense)</i>	Method used in PY? <i>(Standard Mileage or Actual Expense)</i> _____
Do any of your clients reimburse for mileage/vehicle expense?	What amount was reimbursed? <i>(if applicable)</i> _____
Was the vehicle available for personal use?	Available documentation for vehicle expense? _____

ACTUAL VEHICLE EXPENSE			
*cannot be used if claiming mileage			
TYPE OF EXPENSE	DESCRIPTION OF EXPENSE	ALLOWABLE PERCENTAGE	ALLOWABLE EXPENSE
A. Fuel			\$
B. Repairs & Maintenance			\$
C. Insurance			\$
D. Title, Licensing, & Registration			\$
E. Depreciation			\$
F. Rent/Lease			\$
G. Other			\$
TOTAL ACTUAL EXPENSE			\$

MILEAGE INFORMATION					
*cannot be used if claiming actual expense					
DESCRIPTION OF TRIP	FROM (location)	TO (location)	DISTANCE (miles)	NUMBER OF TRIPS	TOTAL MILES
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
TOTAL MILES DRIVEN					

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Taxpayer Signature _____ **Date** _____

Additional Notes/Calculations