

MDW Tax & Financial Services
2009 Income Tax Guide (Schedule C)

Business Name:
Business Address:

Income

Sales, Commissions, Fees _____
Other Income _____
Source _____

Total Income

Expenses

Cost of Goods Sold _____
Advertising _____
Business Tax _____
Licenses, dues, membership _____
Postage, courier _____
Business insurance _____
Interest _____
Maintenance/Repairs _____
Meals/Entertainment (Total) _____
Office expense _____
Supplies _____
Legal, accounting, other professional _____
Rent _____
Salaries, wages, and benefits _____
Supplemental health insurance prem. _____
Travel _____
Telephone _____
Internet and network _____
Other _____
Details _____

Total Expenses

Net Income

Cost of Goods Sold =

Inventory @ Beginning of Year _____
+ Purchases _____
- Sales _____
- Inventory @ End of Year _____
COGS

	Vehicle 1	Vehicle 2
Automobile Expenses		
Make of Vehicle	_____	_____
Date of acquisition	_____	_____
Date of disposal (if this year)	_____	_____
Purchase Price	_____	_____
Miles driven for business	_____	_____
Miles driven (Total for year)	_____	_____
Actual Expenses incurred:		
Monthly lease cost	_____	_____
Fuel and oil	_____	_____
Maintenance and repairs	_____	_____
Insurance	_____	_____
License and registration	_____	_____
Interest	_____	_____
Parking	_____	_____
Other (provide details)	_____	_____
Total Auto expenses	_____	_____