McGowan Tax & Accounting LLC 329 E 6th Street, P.O Box 1144, Carroll, IA 51401

Phone: 712-210-3191 Email: Shauna@mcgowanaccounting.com

Schedule C Worksheet			Business income and Expenses					
Name of Owner:			Tax ID Number:					
Business name (DBA):								
Business Address:								
Accounting Method:	Cash	Accrual			Other			
Did you "materially par	rticipate" in operations?	Yes	or	No				
Did you make any Payr	nents that required you	to file fo	rm(s) 1099?	Yes or No			

If yes did you or will you file them? Yes or No

GROSS RECEIPTS	AMOUNT RECEIVED				
Gross receipts or sales income:	\$				
EXPENSES	AMOUNT PAID				
Cost of Goods Sold:					
Beginning Inventory (1/1/20xx)	\$				
Ending Inventory (12/31/20xx)	\$				
Purchases	\$				
Advertising	\$				
Commission and Fees	\$				
Self Employed Health Insurance	\$				
Contract Labor	\$				
Employee Benefits	\$				
Insurance (Other than self-employed health)	\$				
Interest	\$				
Mortgage Interest	\$				
Legal & Professional Service	\$				
Office supplies	\$				
Pension and Profit-sharing Plan	\$				
Rent or Lease	\$				
Repairs/Maintenance	\$				
Supplies	\$				
Taxes or Licenses	\$				
Travel (do not include meals)	\$				
Meals:	\$				
Utilities	\$				
Wages	\$				
Other:	\$				
Other:	\$				
Depreciation	\$				

Total Income: **Total Expenses:** Net Profit:

The IRS requires that you report all income, from whatever source derived, and maintain and retain records substantiating all items reported on your return. Specific written records are required for deductions of charitable contributions, travel, entertainment, auto mileage, and computer use. McGowan Tax and Accounting LLC is your advisor and preparer, but you have the final responsibility for accuracy and overall correctness of

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Office In-Home Exper	nse: Expense	es here shou	ld not be ir	ncluded in any o	other o	category			
Total Sq. Ft of Home:			Amount						
Sq. Ft. of Office									
Utilities:(total amount paid for the year)			\$						
Gas			\$						
Electric			\$						
Oil			\$						
Propane			\$						
Repair/Maintenance			\$						
Mortgage Interest Paid			\$						
Real Estate Taxes			\$						
Car & Truck Expense	Expense	es here shou	d not be ir	ncluded in any o	other o	category			
Date placed in servi				•					
Year/Make/Model o	of Car:								
Total Miles Driven fo	or Year:								
Total Business Miles	for Year:								
Total Commuting M	liles for Year								
Lease Payment			\$						
Gas			\$						
Maintenance & Rep	airs		\$						
Insurance			\$						
Taxes			\$						
Was this Vehicle use	ed for personal use	?	Yes or	No					
Do you have another	vehicle for personal u	ıse?	Yes or	No					
Do you have evidence to support your deduction?			Yes or	No					
If yes, is it Written?			Yes or	No					
Assets Purchased- Br	ing in Purchase agre	eements							
Asset Name	Date In use Cost of		sset	New or Used		Type			
		\$							
		\$							
		\$							
		\$							
Assets Sold or Tradeo	d- Bring in sales agre	eement							
Asset Name Date Sold		Amount	Received	Туре	Туре				
					1				
	L		1		1				

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