

Schedule C Affidavit

Business Name: _____

Years In Operation: _____ Did you file a Schedule C for this business last year? Yes: _____ No: _____

Did the business earn any profit this year? Yes: _____ No: _____

Did the business earn any profit last year? Yes: _____ No: _____ N/A: _____

If answered no to both, does the taxpayer plan to continue the business? Yes: _____ No: _____ N/A: _____

If yes, does the taxpayer have other income to support business losses? Yes: _____ No: _____ N/A: _____

Has the business produced income within the last 3 years? Yes: _____ No: _____

What type of payments does this business receive? Cash: _____ Check: _____ Credit/Debit/Digital: _____ N/A: _____

If this business accepts Credit/Debit & made over \$2k, did they receive a 1099K? Yes: _____ No: _____ N/A: _____

Is the Taxpayer able to provide receipts of all transactions now, or at a later date? Yes: _____ No: _____

Does the business have expenses? Yes: _____ No: _____

If no, explain why: _____

Please use the following page to describe expenses reported on the Schedule C worksheet.

I confirm that the information put forth on the Schedule C of my tax return is information that I supplied to my tax preparer. This information is based on records that I currently have or can reconstruct showing both my income and expenses from my self-employment. My tax preparer asked me questions about my income and expenses, to help me to reconstruct my records; however, all numbers were supplied by me. The information reported on my Schedule C is true and correct to my best understanding.

Signature _____

under penalty of perjury

Name _____

Date _____

If you feel that your tax preparer unduly influenced your reporting of your income or expenses, please contact IRS customer service at 800.829.1040 to report any misconduct.

Advertising: _____

Vehicle Mileage: _____

Business miles: _____

Commuting miles: _____

Other purposes: _____

Vehicle Actual Expenses

Gas, oil, repairs, etc. : _____

Vehicle rentals: _____

Commissions and Fees : _____

Contract Labor: _____

Depletion: _____

Depreciation: _____

Employee benefit programs: _____

Insurance (other than health) : _____

Interest

Mortgage (paid to banks, etc.) : _____

Other Legal and professional services: _____

Office expense Pension and profit share: _____

Rent or lease

Rental-Vehicles, machinery : _____

Other Business Property: _____

Repairs and maintenance: _____

Supplies (not part of goods sold) : _____

Taxes and licenses : _____

Travel : _____

Deductible meals: _____

Fully deductible meals included above : _____

Utilities Wages (less Employment Credits) : _____