

Schedule C - General Information

2020 Information

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

Business address, if different from home address on Organizer Form ID: 1040

Address _____

City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____

If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____

If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____

If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2020 _____

Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity _____

Long-term care premiums paid by this activity _____

Amount of wages received as a statutory employee _____

Business Income

2020 Information

Gross receipts and sales

Returns and allowances _____

Other income:

Cost of Goods Sold

2020 Information

Beginning inventory _____

Purchases _____

Labor:

Materials _____

Other costs:

Ending inventory _____

Schedule C - Expenses

Principal business or profession _____

2020 Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Insurance Premiums credit):

Insurance (Other than health):

Interest:

 Mortgage (Paid to banks, etc.)

Other:

Legal and professional services _____

Office expense _____

Pension and profit sharing:

Rent or lease:

 Vehicles, machinery, and equipment _____

 Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel, meals, and entertainment:

 Travel _____

 Travel Meals (Enter 100% subject to DOT 80% limit) _____

 Other Meals (Enter 100% subject to 50% limitation) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Home Office General Information

Principal business or profession _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Business Use of Home

	2020 Information
Total area of home	_____
Area used exclusively for business	_____
Information for day-care facilities only:	
Total hours used for day-care during this year	_____
Total hours used this year, if less than 8760	_____
Special computation for certain day-care facilities:	
Area used regularly and exclusively for day-care business	_____
Area used partly for day-care business	_____

List as direct expenses any expenses which are attributable only to the business part of your home.

List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2020 Information	
	Direct Expenses	Indirect Expenses
Mortgage interest:	_____	_____
Mortgage insurance premiums	_____	_____
Real estate taxes:	_____	_____
Excess mortgage interest and insurance premiums	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses, such as: Supplies & Security system	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Excess casualty losses	_____	_____
Carryovers:		
Operating expenses		_____
Casualty losses		_____
Depreciation		_____
Business expenses not from business use of home, such as:		
Travel, Supplies, Business telephone expenses		_____
Depreciation		_____

NOTES/QUESTIONS:

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Vehicles

Vehicle 1 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 2 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 3 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 4 -	Date placed in service _____	
	Description _____	
	Comments _____	

Vehicle Questions

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
If you used your automobile for work purposes, answer the following questions:				
Was the vehicle available for off-duty personal use? (Y, N)	—	—	—	—
Was another vehicle available for personal use? (Y, N)	—	—	—	—
Do you have evidence to support your deduction? (Y, N)	—	—	—	—
Is this evidence written? (Y, N)	—	—	—	—

Vehicle Expenses

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Total miles for year	_____	_____	_____	_____
Commuting miles	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Parking fees	_____	_____	_____	_____
Tolls	_____	_____	_____	_____
Gasoline	_____	_____	_____	_____
Oil	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Tires	_____	_____	_____	_____
Car washes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Licenses	_____	_____	_____	_____
Property taxes	_____	_____	_____	_____
Other vehicle expenses	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Keogh, SEP, SIMPLE Contributions

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2020 _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2020 _____

Enter the total amount of contributions made to a SEP plan in 2020 _____

Enter the total amount of contributions made to a SARSEP plan in 2020 Enter _____

the total amount of contributions made to a defined benefit plan in 2020 Enter _____

the total amount of contributions made to a profit-sharing plan in 2020 Enter _____

the total amount of contributions made to a money purchase plan in 2020 _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2020 _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2020 _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2020 _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2020 _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2020 _____

Enter the amount of elective deferrals designated as Roth contributions in 2020 _____

NOTES/QUESTIONS:

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Depreciation - Asset Acquisitions

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2015 Model T - (EXAMPLE ASSET)	03/09/20	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		