

SCHEDULE C DUE DILIGENCE



Taxpayer Name

Business Name (if any)

Business Address

Date Business Started Business EIN

Total Sales & Services 1099 Income

Advertising	<input type="text"/>	Repairs	<input type="text"/>
Auto Expenses	<input type="text"/>	Supplies	<input type="text"/>
Commissions	<input type="text"/>	Taxes & Licenses	<input type="text"/>
Depletion	<input type="text"/>	Travel	<input type="text"/>
Mortgage Interest	<input type="text"/>	Meals	<input type="text"/>
Rent (Vehicles)	<input type="text"/>	Utilities	<input type="text"/>
Rent (Machinery)	<input type="text"/>	Legal/Professionals	<input type="text"/>
Office Expenses	<input type="text"/>	Other:	<input type="text"/>
Total Expenses	<input type="text"/>		

If you do not have any business expenses, please explain why?

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer’s knowledge.

Signature

Signature

Date Signed :

Date Signed :