

Business / Schedule C Tax Checklist

For Tax Year(s) _____

Profit & Loss Statement for

(Name of Entity) _____

Income / Sales

\$ _____

Expenses

Accounting	\$ _____	Postage	\$ _____
Advertising	\$ _____	Printing	\$ _____
Auto & Truck Expense	See Next Page	Rents	\$ _____
Bad Debts	\$ _____	Repairs & Maintenance	\$ _____
Bank Charges	\$ _____	Salaries & Wages	Attach W-2s & W-3
Commissions Paid	\$ _____	Security	\$ _____
Salary/Compensation of Officers	\$ _____	Supplies	\$ _____
Delivery & Freight	\$ _____	Taxes	_____
Depreciation	\$ _____	Payroll Taxes	\$ _____
Dues & Subscriptions	\$ _____	Property Taxes	\$ _____
Employee Benefit Programs	\$ _____	State Taxes	\$ _____
Insurance	_____	Other Taxes	\$ _____
Liability Insurance	\$ _____	Telephone	\$ _____
Self Employed Health Insurance	\$ _____	Equipment/Tools <\$500	\$ _____
Workers Comp. Insurance	\$ _____	Travel	_____
Other Insurance	\$ _____	Airfare	\$ _____
Interest Expense	\$ _____	Hotel/Lodging	\$ _____
Janitorial	\$ _____	Transportation	\$ _____
Laundry & Cleaning	\$ _____	Uniforms	\$ _____
Legal & Professional	\$ _____	Utilities	\$ _____
Licenses & Permits	\$ _____	Internet Service	\$ _____
Meals & Entertainment	\$ _____	Continuing Education	\$ _____
Miscellaneous	\$ _____	Website Expenses	\$ _____
Office Expenses	\$ _____	Other Expenses	_____
Outside Services	\$ _____		\$ _____
Parking & Tolls	\$ _____		\$ _____

Assets Purchased greater than \$500

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please Enter December 31st Cash Balance from Business Bank Account - LLC & Corporations Only:

Cash balance as of 12/31

\$ _____

Business Tax Checklist Continued

The information below has to be completed in order to deduct your automobile expenses

Did you dispose of a vehicle used for business/work in ~~2014~~²⁰¹⁵ Yes No
 If yes, how much did you receive from sale or disposal of vehicle..... \$ _____

Automobile Expense Worksheet

	Year	Make	Model
Vehicle 1	_____	_____	_____

Date placed in service	_____		
Cost of vehicle	\$ _____	If NEW- Sales Tax Paid	\$ _____
Total miles driven Jan thru Dec	_____		
Business miles Jan thru Dec	_____		
Commuting miles	_____		

Is this a leased vehicle? Yes No
 If yes, total vehicle lease payments \$ _____

Vehicle 1 - Actual Expenses

Gasoline	\$ _____
Repairs & Maintenance	\$ _____
Car Washes	\$ _____
Insurance	\$ _____
Vehicle Registration Fee	\$ _____
Interest on the Vehicle Loan	\$ _____

	Year	Make	Model
Vehicle 2	_____	_____	_____

Date placed in service	_____		
Cost of vehicle	\$ _____	If NEW- Sales Tax Paid	\$ _____
Total miles driven Jan thru Dec	_____		
Business miles Jan thru Dec	_____		
Commuting miles	_____		

Is this a leased vehicle? Yes No
 If yes, total vehicle lease payments \$ _____

Vehicle 2 - Actual Expenses

Gasoline	\$ _____
Repairs & Maintenance	\$ _____
Car Washes	\$ _____
Insurance	\$ _____
Vehicle Registration Fee	\$ _____
Interest on the Vehicle Loan	\$ _____