



## SELF EMPLOYED/SCHEDULE C DATA SHEET

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

EIN \_\_\_\_\_ or SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you maintain a business bank account for this business?

Yes  No

How long have you been in this business? \_\_\_\_\_

What is your level of expertise in this business?

\_\_\_\_\_

Do you have employees that will receive a W2 or 1099-M?  Yes  No

How are your earnings calculated?

Weekly  Monthly  Quarterly  Yearly

What type of written records do you have?

\_\_\_\_\_

Did your business receive any Form 1099's?  Yes  No  
(Provide Copies)

Total Yearly Gross Income Received \$ \_\_\_\_\_

## Total Yearly Expenses

Advertisement \$ \_\_\_\_\_ Office Expenses \$ \_\_\_\_\_

Car & Truck Expenses \$ \_\_\_\_\_ Pension Plan \$ \_\_\_\_\_

Commission & Fees \$ \_\_\_\_\_ Rent or Lease \$ \_\_\_\_\_

Depletion \$ \_\_\_\_\_ Supplies \$ \_\_\_\_\_

Depreciation \$ \_\_\_\_\_ Taxes & License \$ \_\_\_\_\_

Employee Benefits \$ \_\_\_\_\_ Travel & License \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_ Wages \$ \_\_\_\_\_

Legal/Pro Services \$ \_\_\_\_\_ Business Cellphone \$ \_\_\_\_\_

Total of Other Expenses Not Listed \_\_\_\_\_

I, \_\_\_\_\_, hereby state that the forgoing information is true and correct to the best of my knowledge and recollection and I have provided this information personally.

Signature \_\_\_\_\_ Date \_\_\_\_\_