Business Income (Schedule C)

Business Name _____

Income

Description	Amount
Gross Receipts or Sales	$
Returns and Allowances	$
Other Income	$
	$

Cost of Goods Sold

Description	Amount
Beginning Inventory	$
Purchases	$
Labor	$
Materials	$
Other Costs	$
Ending Inventory	$

Other

Health Insurance Premiums	$
Business Miles Driven: January - June -	
Business Miles Driven: July - December -	

Expenses

Description	Amount
Advertising	$
Bad Debt Expense	$
Car and Truck (if not claiming mileage)	$
Depreciation	$
Insurance	$
Interest	$
Legal/professional Expenses	$
Office Supplies	$
Rent	$
Repairs and Maintenance	$
Supplies	$
Taxes/licenses	$
Travel	$
Meals/Entertainment	$
Utilities	$
Wages	$
Other:	$
Other:	$
Other:	$