

SCHEDULE C (1099) FORM

Taxpayer Name: _____ Social: _____

Type of Business: _____

Date Business Started: _____

INCOME

Gross Receipts or Sales: \$ _____

Other Income (specify) _____ \$ _____

EXPENSES

Advertising: \$ _____

Bad Debts: \$ _____

Commissions and fees: \$ _____

Insurance (other than health): \$ _____

Mortgage Interest: \$ _____

Other Interest: \$ _____

Office Expense: \$ _____

Rent or Lease of Vehicles, Machinery and Equipment: \$ _____

Rent or Lease of Business Property: \$ _____

Repairs: \$ _____

Supplies: \$ _____

Taxes and Licenses: \$ _____

Travel: \$ _____

Meals and Entertainment: \$ _____

Utilities: \$ _____

Wages: \$ _____

Legal and Professional Services: \$ _____

Other Expense (specify):

_____ \$ _____

_____ \$ _____

All the information given was me, the client mentioned above.

X _____ Date: _____