

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Business name Employer ID number

Professional product or service

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2021. This business was disposed of during 2021.

Select if this business is for:

Professional gambler Exempt Notary income
Newspaper delivery and you are under 18 years of age A clergy

Yes No
Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," you filed Forms 1099 for the individuals?
You received a Paycheck Protection Program (PPP) loan for this business.
If "Yes," was any portion of the loan forgiven?

Income Skip the income and expense section if you have a Profit and Loss Report from your bookkeeping software.

Table with 2 columns for 2021 and 2021. Rows include Gross receipts or sales, Returns & allowances, Other income, and Does Gross Receipts include sales tax you collected?

Expenses

Table with 2 columns for 2021 and 2021. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, and Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2021 and 2021. Rows include Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year, and There was a change in inventory method.

**Expenses Related to Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  Was this vehicle available for use during off-duty hours?  
  Was another vehicle is available for personal use?

Yes No  
  Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

The IRS Requires both these questions to be answered to take this expense.

**Mileage**

Number of miles the vehicle was driven during 2021

Business . . . . . \_\_\_\_\_  
 Commuting . . . . . \_\_\_\_\_  
 Other . . . . . \_\_\_\_\_

I must include commuting and personal miles, if any, to take this expense.

**Expenses**

Garage rent . . . . . _____	Repairs . . . . . _____
Gas . . . . . _____	Tires . . . . . _____
Insurance . . . . . _____	Tolls . . . . . _____
Licenses . . . . . _____	Lease addback . . . . . _____
Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Rental fees . . . . . _____	_____
Interest . . . . . _____	_____
Property tax . . . . . _____	_____

**Business Use of Home**

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_  
 How many hours per day was the area used? \_\_\_\_\_  
 The daycare facility was in operation for the entire year

We will expense the most beneficial of either:

- Simplified flat rate (\$5/sq ft).
- Actual expenses (prorated to the space used by the business).

Expenses	Office expenses	Home expenses
Mortgage interest . . . . . _____	_____	_____
Real estate taxes . . . . . _____	_____	_____
Excess mortgage interest . . . . . _____	_____	_____
Excess real estate taxes . . . . . _____	_____	_____
Insurance . . . . . _____	_____	_____
Rent . . . . . _____	_____	_____
Repairs & maintenance . . . . . _____	_____	_____
Utilities . . . . . _____	_____	_____
Other expenses . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

Property description
Address, city, state, ZIP

Select the property type

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, Other

Number of days property was rented
Number of days property was used for personal use
If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- This property was placed in service during 2021.
This property is your main home or second home.
This property was disposed of during 2021.
This property was owned as a qualified joint venture.
Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
You filed Forms 1099 for the individuals

Income

Table with 2 columns: 2021, 2021. Rows: Rent income, Royalties from oil, gas, mineral, copyright or patent

Expenses

Table with 3 columns: Expense Category, Rental unit expenses, Rental and homeowner expenses. Rows: Advertising, Auto & travel, Cleaning & maintenance, Commissions, Insurance, Legal & professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depletion, Other expenses

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

### Sale of Capital Assets

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2021	Prior years
Selling price . . . . .		
Mortgages assumed . . . . .		
Cost of property sold . . . . .		
Depreciation allowed . . . . .		
Commissions and expense of sale . . . . .		
Gross profit percentage . . . . .		
Interest received . . . . .		
Principal payments received . . . . .		

Property was sold to a related party