



GIG HARBOR TAX AND ACCOUNTING

GET WHAT YOU DESERVE, GET A TAX PROFESSIONAL ON YOUR SIDE!

15210 Stevens Rd SE
Olalla, WA 98359

Phone (253) 509-8928
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Business Information

Schedule C Worksheet

Business Income (Attach 1099-MISC Forms)

Business Name _____

Federal ID No. _____

Principal Business Activity _____

Principal Product _____

Method Used to Value Inventory _____

Accounting Method: Cash Accrual

Gross Income	Amount
Gross Income	
Less Returns/Allowances	
Cost of Sales:	
Beginning Inventory	
Purchases	
Cost of Labor	
Materials and Supplies	
Freight In	
Other	
Ending Inventory	

Business Deductions	Amount
Advertising	
Auto/Truck Expense	
Commissions and Fees	
Contract Labor Depletion	
Employee Benefit Program	
Insurance (other than health)	
Interest - Mortgage	
Interest - Other	
Legal & Professional Fees	
Office Expense	
Pension & Profit Sharing	
Rent or Lease (vehicles/equip.)	
Rent (other business property)	
Repairs & Maintenance Supplies	
Taxes & Licenses	
Travel Expense	
Total Meals/Entertainment	
Utilities	
Wages	
Other Expenses (list):	
Other Expenses (list): Total	
Family Health Coverage	



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Is the business licensed with Department of Revenue? Yes No Did you complete a B & O tax return? Yes No

Did you purchase any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any assets to business use? Yes No

(List the description, related business/activity, date placed in service and cost of basis. Provide HUD Report for real estate purchases)

Did you dispose of any business assets? (Need date of sale & price) Yes No Did you use your vehicle for business? (Provide required mileage log) Yes No

Are you required to give form 1099 to any vendors who performed work for you in your business? Yes No If yes, did you or will you file all required 1099 forms? Yes No

Did you have business start-up costs in 2023? Yes No (If yes, please give a description of these costs below.)

Description of Business Assets	Date Purchased	Cost	Trade-In (if any)

Did your business close in 2023? Yes No

Business Use of Home

Nature of Business Activity Performed in Home: _____

Total Area of Home: _____ sq. ft.

Did you have another Office Outside of the Home? Yes No

Total Area Used for Business: _____ sq. ft.

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Years Used for Day Care: _____

Other Information and Notes:

Business Miles

Total Miles: _____

Business Miles: _____

Personal Miles: _____

Do you have written documentation to support this deduction? Yes No (please provide)

MILEAGE MUST BE DOCUMENTED TO DEDUCT

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Other Business Deductions	Amount
Other Expenses Total	

NOTES: