

# METROPOLITAN INCOME TAX AND BOOKKEEPING

## SCHEDULE C - ITEMIZING DEDUCTIONS

(List amounts for items you have - keep receipts for your deductions)

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOES BUSINESS HAVE A SEPARATE EIN? Y\_\_\_ N\_\_\_ If yes, what is the EIN? \_\_\_\_\_  
Type of business: \_\_\_\_\_

Owner of business: Taxpayer\_\_\_ Souse\_\_\_ Joint\_\_\_  
Business active for entire year? Y\_\_\_ N\_\_\_  
Did you make any ESTIMATED TAX payments in 2018? Y\_\_\_ N\_\_\_  
If yes, did or will you file all required 1099 forms? Y\_\_\_ N\_\_\_  
Do you receive credit card payment from your client: **Please bring 1099-K form, if received**  
Do you have an area in your primary residence that is used regularly and exclusively for business? Y\_\_\_ N\_\_\_  
(if yes, please **complete PAGE 2** for Business Use of Home Deductions)

### INCOME:

Gross (1099) Income: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COST OF GOODS:

Purchases: \$ \_\_\_\_\_  
Materials: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Beginning Inventory: \$ \_\_\_\_\_  
Ending Inventory: \$ \_\_\_\_\_  
Labor: \$ \_\_\_\_\_

### SELF EMPLOYED HEALTH INSURANCE PAYMENTS:

### EXPENSES:

Advertising: \$ \_\_\_\_\_  
Car & Truck Expenses: \$ \_\_\_\_\_  
Commissions & Fees: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
Interest: \$ \_\_\_\_\_  
Legal/Accounting Fees: \$ \_\_\_\_\_  
Office Expenses: \$ \_\_\_\_\_  
Date began using for work: \_\_\_/\_\_\_/\_\_\_  
Rent: \$ \_\_\_\_\_  
Maintenance & Repair: \$ \_\_\_\_\_  
Supplies: \$ \_\_\_\_\_  
Equipment Rental: \$ \_\_\_\_\_  
Meals/Entertainment: \$ \_\_\_\_\_

### VEHICLE INFORMATION:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Business Miles: \_\_\_\_\_  
Personal Miles: \_\_\_\_\_  
**Vehicle Loan**  
Payments: \_\_\_\_\_ Principal: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Taxes/Licenses: \_\_\_\_\_

# METROPOLITAN INCOME TAX AND BOOKKEEPING

## BUSINESS USE OF THE HOME

\_\_\_\_\_  
(YEAR)

Total Sq. Ft. of Home: \_\_\_\_\_

Area used **regularly & exclusively** for business \_\_\_\_\_ SQ. FT.

### IF YOU ARE BUYING HOME:

Adjusted Basis for depreciation

Purchase Price: \$ \_\_\_\_\_

Cost of Improvement: \$ \_\_\_\_\_

(FOR TAX YEAR) \$ \_\_\_\_\_

Mortgage Interest: \$ \_\_\_\_\_

Real Estate Taxes: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

### IF YOU ARE RENTING HOME:

MONTHLY RENT: \$ \_\_\_\_\_

Insurance (RENTERS): \$ \_\_\_\_\_

### EXPENSES DIRECTLY RELATED TO THE HOME:

Maintenance & Repairs: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Phone: \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_

Security: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

### IF BUSINESS IS A DAYCARE:

# of hrs. per day: \$ \_\_\_\_\_

# of days open: \$ \_\_\_\_\_