



★ 2407 Georgetown Rd NW, Cleveland TN 37311 ★ (423)-868-9237 ★ www.cbstn.net ★

Schedule C Form

Taxpayer Name: _____

Business Name: _____

EIN (If applicable): _____

Type of Work: _____

Accounting Method Cash Accrual

Were you active for more than 100 hours with the business?	Yes	No
Is this your first Schedule C for this business?	Yes	No
Did you pay contractors during the year?	Yes	No
If yes to the last question, did you file the required 1099s?	Yes	No

Income

1099-NEC or 1099-MISC	
Plus Gross Receipts	
Less Returns/Allowances	
Total Gross Income	

Cost of Goods Sold

Inventory at Beginning of Year	
Inventory at End of Year	
(1099) Contract Labor	
Materials & Supplies	



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Expenses

Advertising		Property Rent Cost	
Commissions & Fees		Equipment Rent Cost	
Payroll Wages		Repairs	
Dues & Subscriptions		Taxes & Licenses	
Business Insurance		Travel	
Mortgage Interest		Meals	
Legal Services		Utilities	
Office Supplies			
		Total Expenses	

Vehicle Expense

Vehicle Description: _____

Year Put into Service: _____ Original Cost: _____

★ We will need your total Business and Personal Mileage for your Vehicle. ★					
Business Mileage		Personal Miles		Total Mileage	
★ You can only claim Fuel Cost or Mileage on your Schedule C, not both. ★					
Fuel Cost					
Repairs					
Auto Insurance					
Tag Fee					

Business Use of Home

★ An Office Space can be claimed if the space is used ONLY for your Business. ★			
Sq Ft of Home		Sq Ft of Office Space	