



## 2023 Sch C Worksheet: Profit or Loss from Business

### General Information

Client Name:

Business Name:

Federal EIN (if applicable)

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### Questions (required):

Did you make any payments to vendors for services or rent during the tax year totaling \$600 or more?      YES      NO

*Exceptions: payments made by credit or debit card, payments made through PayPal, payments to Corporations that were not for medical or legal services (LLCs are not necessarily Corps!).*

If yes, did you file all required Forms 1099-MISC or 1099-NEC?      YES      NO

### Please provide copies of the following, if applicable, and *not* prepared by our office:

- 1099 Series forms (MISC, NEC, INT, etc.) issued
- Sales and use returns
- Payroll returns
  - Quarterly Forms 941
  - Year-end Form 940
  - Year-end Forms W-2 & W-3
- State/local quarterly filings (in CT, these are CT-941 & UC2.5)

### Notes:

**Timing of income:** Most taxpayers file on a cash basis, so income should be included in the year received. Income is considered received when you have access to and free use of the funds. If checks are received but not deposited before year-end, they still are considered income in the year received. Alternatively, if a check is received after the end of the year but has a date in the prior year, it is not income until actually received. Customer deposits or retainers that relate to work that has not been done yet *and* are refundable to your customer, are not income until earned.

**Timing of expenses:** Most taxpayers file on a cash basis, so expenses should be included in the year *paid*. Expenses paid by credit card are considered expenses in the year charged, not the year the credit card payment is made. Exceptions will have the note "*for the current year*". These are expenses in the year they are *for*, regardless of when paid. Prepaid expenses are expenses in the year paid, *unless* they are for an expense that will be incurred in more than one year, for example, if you paid for two years of insurance at once, the portion allocable to one year is deductible when paid and the portion allocable to the second year will be deductible in the next year.

If you file on the accrual basis, please reach out to our office before completing this worksheet.

***If you have any questions on this worksheet or the items on it, please contact our office.***

## Income & Expense Information

<u>Income</u>	<u>Amount</u>	<u>Notes</u>
Ordinary business income	\$	
Interest or other investment income (in name of business)	\$	
Sale of assets (e.g. vehicle, equipment, computer)	\$	
Other/Misc, describe in notes column	\$	
<b>Note:</b> Please include copies of all 1099-MISC and 1099-NEC forms received.		

<u>Inventory Information</u>	<u>Amount</u>	<u>Notes</u>
Inventory value 12/31/2022	\$	
Inventory purchases in 2023	\$	
Value of items withdrawn for personal use	\$	
Inventory value 12/31/2023	\$	

<u>Expenses</u>	<u>Amount</u>	<u>Notes</u>
Advertising:		
Advertisements (newspapers, online, etc.)	\$	
Sponsorships	\$	
Client/vendor gifts (limited to \$25 per person per year)	\$	
Website hosting, creation, etc.	\$	
Other (please describe in notes column)	\$	
Commission/Fees:		
Bank fees	\$	
Credit card/merchant processing fees	\$	
Commissions	\$	
Other (please describe in notes column)	\$	
Contract Labor:		
Subcontractors	\$	
Consultants	\$	
IT Support	\$	
Other (please describe in notes column)	\$	
Gross Wages (to employees):		
Employee benefits (do not include any for yourself, only employees):		
Health/dental/vision insurance	\$	
Life or disability insurance	\$	
Retirement contributions <i>for the current year</i>	\$	
Other (please describe in notes column)	\$	
Business insurance:		
General liability	\$	
Professional liability	\$	
Workers comp	\$	
Other (please describe in notes column)	\$	

<u>Expenses, continued</u>	<u>Amount</u>	<u>Notes</u>
Interest expense:		
Credit card interest	\$	
Loan interest	\$	
Other (please describe in notes column)	\$	
Legal and professional services:		
Lawyer	\$	
Accountant	\$	
Bookkeeper	\$	
Other (please describe in notes column)	\$	
Office Expenses:		
Office supplies (items with cost of \$500 or less per item)	\$	
Postage	\$	
Software subscriptions	\$	
Other (please describe in notes column)	\$	
Rent or lease:		
Office/warehouse space	\$	
Equipment lease	\$	
Other (please describe in notes column)	\$	
Repairs & maintenance (if any item is \$500 or more, include dates, descriptions & amounts in notes column):		
Equipment repairs or maintenance	\$	
Office repairs, cleaning, etc.	\$	
Landscaping, snow plowing, etc.	\$	
Other (please describe in notes column)	\$	
Supplies (include inventory purchases on page 2, not here):		
Small Equipment (items with cost of \$500 or less per item)	\$	
Uniforms (only if not suitable for everyday wear)	\$	
Other (please describe in notes column)	\$	
Asset Purchases (\$500 or more per item; include dates, descriptions & amounts in notes column):		
Furniture & Fixtures	\$	
Computer Equipment	\$	
Machinery	\$	
Other (please describe in notes column)	\$	
Taxes & Licenses:		
Payroll taxes <i>for current year</i> (employer portion only)	\$	
Property tax	\$	
State franchise fees	\$	
Other (please describe in notes column)	\$	
Utilities (if for home office, include in home office info on pg. 6, not here)		
Electric, gas, heat, etc.	\$	
Internet	\$	
Telephone (must be dedicated business line)	\$	
Other (please describe in notes column)	\$	
Travel (include travel meals in business meals on pg. 4):		
Airfare, trains, taxi, etc.	\$	
Hotels and lodging	\$	
Car rental & gas for rental car	\$	
Other (please describe in notes column)	\$	

**Expenses, continued****Amount****Notes**

<b><u>Expenses, continued</u></b>	<b><u>Amount</u></b>	<b><u>Notes</u></b>
Meals & Entertainment:		
Business meals	\$	
<b>Note:</b> For business meals to be a deductible expense, they must meet one of the following criteria: - Meals while you or an employee are traveling away from your tax home (tax home is where business is regularly done), or - Meals that either you or an employee attend with current or potential business customer, client, consultant, or similar business contact AND business is discussed		
Annual company party	\$	
Entertainment (e.g. sporting events, golf)	\$	
Other (please describe in notes column)	\$	
Other Expenses, w. space for write-ins:		
Professional dues or fees	\$	
Professional development, continuing education	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## Vehicle Expenses, if applicable

**Note :** Do not include "commuting" mileage in business mileage; your first and last trip of each day to your primary work location is considered commuting.

<u>Vehicle 1</u>		
Info needed for all taxpayers claiming vehicle expenses:		
Description (year/make/model)		
Date placed in service (i.e. date business use started)		
Business mileage for the year		
Total mileage for the year (business, personal & commuting)		
Expenses:	<b><u>Amount</u></b>	<b><u>Notes</u></b>
Parking/Tolls (do not include tickets/fines)	\$	
Property taxes	\$	
Loan payments - total	\$	
Portion allocated to principal	\$	
Portion allocated to interest	\$	
Info needed only for taxpayers claiming "actual" vehicle expenses; please ask us if you are not sure if this applies.		
Expenses:	<b><u>Amount</u></b>	<b><u>Notes</u></b>
Gas	\$	
Repairs & maintenance	\$	
Insurance	\$	
Vehicle registration, emissions, etc.	\$	
Lease payments	\$	
<u>Vehicle 2</u>		
Info needed for all taxpayers claiming vehicle expenses:		
Description (year/make/model)		
Date placed in service (i.e. date business use started)		
Business mileage for the year		
Total mileage for the year (business, personal & commuting)		
Expenses:	<b><u>Amount</u></b>	<b><u>Notes</u></b>
Parking/Tolls (do not include tickets/fines)	\$	
Property taxes	\$	
Loan payments - total	\$	
Portion allocated to principal	\$	
Portion allocated to interest	\$	
Info needed only for taxpayers claiming "actual" vehicle expenses; please ask us if you are not sure if this applies.		
Expenses:	<b><u>Amount</u></b>	<b><u>Notes</u></b>
Gas	\$	
Repairs & maintenance	\$	
Insurance	\$	
Vehicle registration, emissions, etc.	\$	
Lease payments	\$	

### Home Office Expenses, if applicable

**Note :** to qualify for home office expenses, you must meet **all** the following criteria:

- Office space must be livable space (i.e. no garages, unfinished basements, etc.)
- Office space must be used exclusively for business (i.e. no kitchen tables, desk in shared living space, etc.)
- Office space must be used regularly for business. This is especially important if you have a separate office space as well, so to claim both you'd need to justify usage of each, i.e. rented office is used for client meetings and home office is used for all administrative work.

<u>Home Office 1</u>		
Info needed for all taxpayers claiming a home office:		
Date placed in service (i.e. date first used for business)		
Square footage of office space		
Total square footage of home		
Info needed only for taxpayers claiming "actual" home office expenses; please ask us if you are not sure if this applies.		
Expenses:	<u>Amount</u>	<u>Notes</u>
Rent	\$	
Real estate taxes	\$	
Mortgage interest	\$	
Homeowners or renters insurance	\$	
Utilities		
Electric, gas, heat, etc.	\$	
Internet	\$	
Telephone (must be dedicated business line)	\$	
Repairs & maintenance		
Direct expenses (e.g. paint walls in office space)	\$	
Indirect expenses (e.g. garbage removal, pest control)	\$	
Improvements (include date, description, amounts in notes)	\$	
<u>Home Office 2 (if moved during the tax year)</u>		
Date placed in service (i.e. date first used for business)		
Square footage of office space		
Total square footage of home		
Info needed only for taxpayers claiming "actual" home office expenses; please ask us if you are not sure if this applies.		
Expenses:	<u>Amount</u>	<u>Notes</u>
Rent	\$	
Real estate taxes	\$	
Mortgage interest	\$	
Homeowners or renters insurance	\$	
Utilities		
Electric, gas, heat, etc.	\$	
Internet	\$	
Telephone (must be dedicated business line)	\$	
Repairs & maintenance		
Direct expenses (e.g. paint walls in office space)	\$	
Indirect expenses (e.g. garbage removal, pest control)	\$	
Improvements (include date, description, amounts in notes)	\$	

## Other Information for Self-Employed Taxpayers

Self-employed health insurance premiums:	<u>Amount</u>	<u>Notes</u>
Medical/dental/vision insurance	\$	
Medicare (if not paid through Social Security withholding)	\$	
Long-term care insurance (yourself)	\$	
Long-term care insurance (spouse)	\$	
Other, type:	\$	
<p><b>Notes :</b> Medical/dental/vision premiums can include premiums paid for spouse and/or child that is under age 27 as of 12/31/2023 even if not a dependent. If you had insurance through the marketplace anytime in 2023, you must provide Form 1095-A.</p>		

	<u>Amount</u>	<u>Date(s) contributed</u>
HSA contributions for <i>current tax year</i> :	\$	

Retirement contributions for yourself <i>for current tax year</i> :	<u>Amount</u>	<u>Date(s) contributed</u>
Traditional IRA	\$	
Roth IRA	\$	
SEP IRA	\$	
Simple IRA	\$	
Individual 401(k)	\$	
Other, account type:	\$	

Estimated Tax Payments:		
<u>Federal</u>	<u>Amount</u>	<u>Date paid</u>
Q1, due 4/18/2023	\$	
Q2, due 6/15/2023	\$	
Q3, due 9/15/2023	\$	
Q4, due 1/17/2024	\$	
<u>State (some states may have different due dates)</u>	<u>Amount</u>	<u>Date paid</u>
Q1, due 4/18/2023	\$	
Q2, due 6/15/2023	\$	
Q3, due 9/15/2023	\$	
Q4, due 1/17/2024	\$	
<u>Additional State, if applicable</u>	<u>Amount</u>	<u>Date paid</u>
Q1, due 4/18/2023	\$	
Q2, due 6/15/2023	\$	
Q3, due 9/15/2023	\$	
Q4, due 1/17/2024	\$	