

**INCOME & EXPENSE SCH C SELF-EMPLOYED SERVICES  
INVENTORY**

Name of Business: \_\_\_\_\_

Date Started Business \_\_\_\_\_

**INCOME**

Gross Income/Sales \$ \_\_\_\_\_

**COST OF GOODS** **INVENTORY**

|                |          |                          |          |
|----------------|----------|--------------------------|----------|
| Subcontractors | \$ _____ | Beginning Inventory      | \$ _____ |
| Other costs    | \$ _____ | Purchases                | \$ _____ |
|                |          | Ending Inventory Balance | \$ _____ |

**EXPENSES:**

|                                |          |                                |          |
|--------------------------------|----------|--------------------------------|----------|
| Advertising                    | \$ _____ | Maintenance/Cleaning Service   | \$ _____ |
| Insurance for Business         | \$ _____ | Supplies(not included in COGS) | \$ _____ |
| Interest paid on loans         | \$ _____ | Licenses for business          | \$ _____ |
| Legal or Professional Services | \$ _____ | Travel                         | \$ _____ |
| Office expenses                | \$ _____ | Business Meals                 | \$ _____ |
| Rent/Lease (Bldg,equip)        | \$ _____ |                                | \$ _____ |

**OTHER EXPENSES (list type & amount) Enter home office expense or page F8829**

| DESCRIPTION | AMOUNT   | DESCRIPTION | AMOUNT   |
|-------------|----------|-------------|----------|
| _____       | \$ _____ | _____       | \$ _____ |
| _____       | \$ _____ | _____       | \$ _____ |
| _____       | \$ _____ | _____       | \$ _____ |

**FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)**

|             |             |  |          |
|-------------|-------------|--|----------|
| Date: _____ | Item: _____ |  | \$ _____ |
| Date: _____ | Item: _____ |  | \$ _____ |
| Date: _____ | Item: _____ |  | \$ _____ |

**VEHICLE EXPENSES: see Vehicle worksheet**

**\*\*\*PLEASE ATTACH A SEPARATE SHEET FOR OTHER ITEMS OR QUESTIONS\*\*\***

I, confirm that the income and expense amounts provided on this worksheet are accurate, complete and can be backed by my records and receipts. Executive Public Accountants Inc is not responsible for verifying the accuracy or completeness of ths information and will rely on it for tax preparation purposes.

**Printed Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_