

Client: _____

Kathryn Humecki Associates, Ltd.

Add-on ____ of ____

Interview Add-ons

Business Income & Expense (Schedule C)

Principle Business or Profession: _____

Business Name: _____

Employer ID # (if applicable): _____

Business Address (If other than home): _____

- Business Owned by: Taxpayer Spouse
 Accounting Method Cash Accrual
 Material Participation Yes No
 First Year of Business? Yes No

Income	Amount
Gross Receipts or Sales	
Returns & Allowances	
Other Income	

Expenses	Amount		Amount
Auto Expenses (not mileage)		Licenses & Permits	
Advertising		Travel	
Commissions/Fees		Meals & Entertainment	
Health Insurance		Utilities	
Other Insurance		Subcontractors	
Professional Fees		Education & Seminars	
Office Supplies		Internet Service	
Rent, office space		Telephone	
Rent, Equipment		Dues & Subscriptions	
Repairs & Maintenance		Postage & Delivery	
Supplies		Other (list):	
Payroll & Payroll taxes			

Business miles driven: _____

Total miles driven: _____

Depreciation:

Property	Date Acquired	Cost or Other Basis	Prior Depreciation