

SCHEDULE C AFFIDAVIT

(Sole Proprietorship)

TAX YEAR

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

Taxpayer Name:	Social security number (SSN)
A Type of Business	B Date Business Started (MM/ DD/YY)
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN)
E Business address (including suite or room no.) City, town or post office, state, and ZIP code	
F Accounting method: <input type="checkbox"/> (1)Cash <input type="checkbox"/> (2)Accrual <input type="checkbox"/> (3)Other (specify) _____	
G Did you "materially participate" in the operation of this business during last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during last year, check here <input type="checkbox"/>	
I Did you make any payments over \$600 last year that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Who is responsible for tracking and maintaining business records?..... <input type="checkbox"/>	1			
2 Do you have a Business Bank Account? (Circle One).....	2	Yes	No	
3 Gross receipts or sales	3			
4 Cost of Goods Sold.....	4			
5 Gross profit. Subtract line 4 from line 3	5			
6 Other income	6			
7 Gross income. Add lines 5 and 6.....	7			

Part II Expenses

8 Advertising	8			18 Office expense	18		
9 Car and truck expenses	9			19 Pension and profit-sharing plans .	19		
10 Commissions and fees .	10			20 Rent or lease			
11 Contract labor	11			a Vehicles, machinery, and equipment	20a		
12 Depletion	12			b Other business property	20b		
13 Depreciation and section 179 expense deduction	13			21 Repairs and maintenance	21		
14 Employee benefit programs (other than on line 19) . .	14			22 Supplies	22		
15 Insurance (other than health)	15			23 Taxes and licenses	23		
16 Interest:				24 Travel, meals, and entertainment:			
a Mortgage (paid to banks, etc.)	16a			a Travel	24a		
b Other	16b			b Deductible meals and entertainment	24b		
17 Legal and professional services	17			25 Utilities	25		
27 Other Expenses. List below business expenses not included on lines 8–26				26 Wages (less employment credits) .	26		

Total expenses Add lines 8 through					28		
Net profit or (loss). Subtract line 28 from line 7					29		

Part III Taxpayer Due Diligence

- 1) Do you maintain different credit cards or banking for your business? **Yes or No**
- 2) **If no, how do you keep track between business and personal transactions** (i.e. journal, logs, calendars, receipts, summary of income/expenses)?

- 3) If needed, what documents can you provide that shows that this is a real business (i.e. business cards, business license, accounting records, business bank account, 1099- misc)?

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ►
- 44 Of the total number of miles you drove your vehicle during last years, enter the number of miles you used your vehicle for:
 - a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use?. Yes No
- 47a Do you have evidence to support your deduction? Yes No
 - b If "Yes," is the evidence written? Yes No

Part V Declaration Under Penalty of Perjury

By signing below I understand to the best of my knowledge this information is true and accurate. I have all my receipts, log books, and any other information required to support my claim. If I am audited through any fault of my own, by giving false information, I will not hold National Tax Centers or any of its employees liable. I am aware and acknowledge that I should keep all my records for a minimum of three years from the date of the tax year stated above.

Under penalty and perjury I declare the above information is true and correct to the best of my knowledge.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____