

TAXIOM SOLUTIONS

Schedule C – Business Income & Expense Worksheet

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BUSINESS INFORMATION

Business Name: _____

Owner Name: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

EIN (if applicable): _____

NAICS Code (if known): _____

Type of Services Provided: _____

BUSINESS INCOME

Total 1099 Income: _____

Cash / Other Income: _____

Total Gross Receipts: _____

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Schedule C – Business Expenses & Certification

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BUSINESS EXPENSES

Advertising & Marketing: _____

Office Supplies: _____

Rent or Lease: _____

Utilities: _____

Insurance: _____

Contract Labor: _____

Repairs & Maintenance: _____

Travel: _____

Meals (Business Portion): _____

Equipment / Software: _____

Professional Fees: _____

Other Expenses: _____

CERTIFICATION OF ACCURACY

I certify that the income and expense information provided above is complete, honest, and accurate to the best of my knowledge.

I understand that I am responsible for maintaining proper records and will provide receipts or supporting documentation if requested.

I acknowledge that Taxiom Solutions relies on the information I provide to prepare my tax return.

Business Owner Signature: _____

Date: _____