BUSINESS (Schedule C and/or E) CHECKLIST: One Checklist PER Business

		She checking i	Liv Dasiliess									
Name	of Business:											
	ess Owner(s):											
Location of Business (Street address): Date Business Started: Date Business Closed (if applicable):												
								I. INC	OME/SALES (Check boxe	• •		
	1TY GRT Forms – provide via email, fax or hand-deliver											
	2. Form 1099-MISC – provide via email or fax. Original must be hand-delivered.											
	3. Other (Pls specify) – provide your documentation via email, fax or hand-deliver.											
	4. Copy of Business/Profe	essional License – prov	vide via email, fax or h	and-deliver								
II FV	DENICEC											
II. EX	PENSES											
	1. Advertising \$											
	2. Car & Truck Expense	S										
	Expense	VEHICLE 1	VEHICLE 2	VEHICLE 3								
	Category	(Year, Make, Model)	(Year, Make, Model)	(Year, Make, Model)								
	Months Used In Tax Year											
	Business Use %											
	Cost Of Vehicle											
	Start Date used for											
	Business											
	End Date used for Business (if applicable)											
	Gas											
	Repairs & Maintenance											
	Vehicle Registration & Safety											
	Car Insurance											
	Leased or Rental											
	3. Business Licenses/Permits \$											
	4. Commissions & Fees \$											
	5. Communications (Cell, Tel., Inet) \$											
	6. Continuing Education	า \$										
	7. Contract Labor \$											

8. Equipment/Machinery

	Description	Date Purchased	Cost \$
Item 1			
Item 2			
Item 3			
Item 4			

9. Insurance (Business or Persona	I) \$
10. Interest (Loan) \$	Type of Loan:
11. Legal & Professional Fees \$	
12. Meals & Entertainment \$	
13. Taxes (FICA, GRT, PROP. TAX)	\$
14. Utilities \$	
15. Wages \$	
16. Medical/Dental Expenses \$	
17. Office Expenses \$	
18. Rent/Lease \$	
19. Repairs & Maintenance \$	
20. Supplies \$	
21. Other (pls. specify):	
attest that the information contained in this Che	cklist is True and Correct to the best of my knowledge:
Signature:	Date:

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