

Schedule C Questionnaire

You stated you own your own business...

Did you start the business this year? Yes No If not, when? ____ / ____ / ____

Do you have:

Last year's return? Yes No

Written of the clients you handle? Yes No

Records including date & amount paid by clients? Yes No

Receipts for your expenses? Yes No

Where do you perform this work? _____

If in your home: Do you have a designated work area that no one else uses? Yes No

Is work performed in your regular living areas? Yes No How much area is used just for business? _____

If you have a space outside your home, how do you pay for that space? _____

Do you rent the space, or own it? _____ How many hours a day / week did you provide this service? _____

Do you have anyone working for you? Yes No Do you pay them with: W2 (taxes withheld) or 1099 (no taxes withheld)

How do you get paid? _____ Do you have written record of income and expense? Yes No

Could you provide the IRS records on a day's notice? Yes No Why not? _____

Do you need licenses, insurance, classes, or certification? Yes No Do you pay for advertising or marketing? Yes No

Do you drive for your business, other than from your home to your "office?" Yes No How many miles per day? _____

If no written records of your income and expense...

Did you keep track of your clients on a calendar, in your phone or via email? Yes No

Do you know who you bought your supplies / tools / materials from? Yes No

Would they be able to give you copies of their records (what you bought, when and for how much)? Yes No

The amount of income versus expenses you have provided seems off...

Did you have some income you forgot to include? Yes No

Are these expenses only from this last year? Yes No

By signing below, I hereby certify that I am Self-Employed and that the information given above is true and accurate to the best of my knowledge.

Client Signature _____ Date: _____

Day Care Providers

How many kids do you care for a day / week / month? _____

Do you have daily records of what children were in your care each day, and for how long each day? _____

Do you provide daily snacks or meals? Yes No

Does the parent pay extra for snacks or meals? Yes No

Do you take the children on field trips? Yes No

Does the parent pay extra for those trips? Yes No

Do you provide daily care items (wet wipes, diapers, etc.) or does the parent? Yes No

Do you provide daily play items (toys, art supplies, DVD's, CD's, etc.) or does the parent? Yes No

Hair / Braids / Nails

Do you purchase items (combs, color, nail polish, beauty supplies, etc.) to have on hand? Yes No

Where do you store this extra stock? _____

Do you sell any of these items? Yes No for a profit? Yes No or at cost? Yes No

Do you keep track of the items you sell at a profit / at cost, and who bought them? Yes No

What do you do with unusable items (broken / mis-matched, etc.)? _____

Construction

Do you have your own tools? Yes No

Do you have insurance on the tools? Yes No

Are you required to obtain work permits? Yes No

Do you charge the client for those permits? Yes No

Do you purchase protective gear? Yes No

Who pays for any government certification? _____

Do you purchase and store supplies for use as needed? Yes No

Do you keep track of when those items are used? Yes No

What do you do with unusable items (broken / mis-matched, etc.)? _____

Do you hire sub-contractors? Yes No

If so, how are they paid (by you or by the client?) _____

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Client Signature _____ Date: _____