

prepares
Sch C, SE, 4562, 8829

Primary Taxpayer Name

[Blank box for Primary Taxpayer Name]

Primary Taxpayer SSN

[Blank boxes for Primary Taxpayer SSN]

800-TAX REFUND will use this worksheet to prepare your Federal Schedule C (Self-Employment Income). If your Schedule C shows a profit over \$400, a Schedule SE (Self-Employment Tax) must also be prepared. If your business purchased assets or equipment which must be depreciated, Form 4562 (Depreciation & Amortization) must also be prepared. If you used part of your home exclusively for business, we may prepare a Form 8829 (Business Use of Home) if it benefits you. Our fee to prepare each Federal form is \$25.00 apiece, which will be added to the \$135.00 Tax e-form base fee.

Payment Authorization

Choose how to pay for this service: Credit/Debit Card, Account Debit. I authorize 800-TAX REFUND, Inc. to charge an additional amount of \$25.00 to \$100.00 for the preparation of one to four Federal tax forms produced by this worksheet, to the credit/debit card account indicated on Page 1 of my Tax e-form. This amount is in addition to the \$135.00 Tax e-form base fee charge which I authorized on Page 1 of my Tax e-form. cardholder's signature. I authorize 800-TAX REFUND, Inc. to initiate an additional debit amount of \$25.00 to \$100.00 for the preparation of one to four Federal tax forms produced by this worksheet, from the depository account indicated on Page 1 of my Tax e-form. This amount is in addition to the \$135.00 Tax e-form base fee debit which I authorized on Page 1 of my Tax e-form. account owner's signature.

Your principal business or profession, Business name, Business address (if diff. from Tax e-form Page 1), City, St, Zip, Employer ID (if not SSN), Check here if this is Spouse's business, Year you started/acquired this business, Accounting Method if other than Cash.

INCOME

Check here if faxing Form1099 income statements: [] Gross Receipts or Sales: \$ Other Income Amount: \$ Other Income Description: Returns and Allowances included in Gross Sales above: \$

COST OF GOODS SOLD

Value of Inventory on Jan 1, 2017: \$ Inventory Purchases made during 2017: \$ Costs of Labor to Produce Goods: \$ Materials & Supplies Used to Produce Goods: \$ Other Costs: \$ Value of Inventory on Dec 31, 2017: \$

BUSINESS VEHICLE

Vehicle description: Date you first used vehicle for business: Are you leasing this vehicle? Yes: [] No: [] If you deducted expenses for this vehicle in a prior year, indicate method: Mileage Allowance: [] Actual Expenses: [] Mileage in 2017: Business: Personal: Check here if you have written evidence of your Business Mileage (log): [] Parking Fees & Tolls: \$

Fuel: \$ Plates: \$ Insurance: \$ Repairs & Maint: \$ Lease Payments: \$ Vehicle Expenses (only if you are leasing this vehicle, or if you deducted Actual Expenses on this vehicle in a prior year):

EXPENSES (other than Business Use of Home expenses)

Advertising: \$ Commissions & Fees: \$ Insurance: Health: \$ Other: \$ Employees: Contract Labor: \$ Wages: \$ Legal & Professional Services: \$ Interest: non-home Mortgage: \$ Other: \$ Office Supplies & Expenses: \$ Repairs & Maintenance (non-home): \$ Taxes, Licenses and Dues: \$ Rent: Business Property: \$ Equip: \$ Utilities (non-home): \$ Travel: Trans- portation: \$ Lodging: \$ Meals & Entertainment: \$ Other Expenses: (Description & Amount)

EQUIPMENT PURCHASES/PROPERTY IMPROVEMENTS

(Description -- Date Placed in Service -- Amount)

BUSINESS USE OF YOUR HOME

Area used regularly and exclusively for business: Sq. Ft. Interest: \$ R. E. Taxes: \$ Total area of your home: Sq. Ft. Insurance: \$ Home Expenses: Repairs & Maint: \$ Utilities: \$ Check here if this home business is used as a Day Care facility: []