

KEY TAX SOLUTIONS

17515 W. 9 MILE RD., STE. 140

SOUTHFIELD, MI 48075

OFFICE: 248-569-9120

FAX: 248-569-9421



Today's Date: _____

Schedule C (Profit or Loss from Business)

Personal Information

Business Name and/or Profession: _____

Business Address/City/State/Zip: _____

Employer Identification Number (EIN) (if applicable): _____

Business Income

Total Income from the Business \$ _____

Car Expense

If you use your car extensively for business and feel you can get a larger deduction taking actual expenses instead of the allowance that the IRS allows per mile, the following information is needed:

Mileage:	Business _____	Commuting _____	Personal _____
Insurance.....			\$ _____
Repairs and Maintenance			\$ _____
License			\$ _____
Lease Payments			\$ _____
Other.....			\$ _____

Other Expenses

Advertising.....	\$ _____
Contract Labor/Employees.....	\$ _____
Rent or Lease Equipment	\$ _____
Rent or Lease Property.....	\$ _____
Repairs/Maintenance.....	\$ _____
Taxes and Licenses.....	\$ _____
Travel, Meal and Entertainment.....	\$ _____
Bad Debts.....	\$ _____
Office Expenses.....	\$ _____
Utilities/Telephone.....	\$ _____
Supplies.....	\$ _____
Legal & Professional Services	\$ _____

I understand that I am responsible for providing accurate information and declare that all of the information that I have provided on this for is complete, true and accurate. Receipts and logs can be provided to further prove any information the IRS needs confirmed.

X _____
Taxpayer's Signature

X _____
Spouse's Signature

