

KEY TAX SERVICE, LLC

17515 W. 9 MILE RD., STE. 140

SOUTHFIELD, MI 48075

OFFICE: 248-569-9120

FAX: 248-569-9421



Tax Year _____

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..... \$ _____

Insurance \$ _____

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