MICRO MONEY
MANAGEMENT

SCHEDULE C (PROFIT OR LOSS FROM BUSINESS)

BUSINESS INFORMATION

Business Name: _____

Business Address/City/State/Zip Code: _____

Business Employer Identification Number (EIN): _____

BUSINESS INCOME

Total Business Income..... $_____

VEHICLE EXPENSES

Note: If your vehicle is used extensively for business purposes the IRS allows you to take a larger deduction by listing your actual expenses instead of using the 'Per Mile Deduction'. Please fill out the following if so:

Mileage: Business _____ Commuting _____ Personal _____

Insurance..... $_____

Repairs & Maintenance..... $_____

License Fees..... $_____

Lease Payments..... $_____

Miscellaneous/Other..... $_____

OTHER EXPENSES

Advertising..... $_____

Contract Labor..... $_____

Insurance..... $_____

Interest..... $_____

Legal & Professional Services..... $_____

Office Expense..... $_____

Rent or Lease of Equipment..... $_____

Rent or Lease of Property..... $_____

Repairs & Maintenance..... $_____

Supplies..... $_____

Taxes & Licenses..... $_____

Travel/Meals & Entertainment..... $_____

Utilities/Telephone..... $_____

I understand that I am responsible for providing accurate information and declare that all of the information provided on this form is complete, true and accurate. Receipts and logs can be provided to further prove all of the information listed above to the IRS for confirmation.