

**Childs Tax Service:** Name: \_\_\_\_\_ Tax Year: \_\_\_\_\_

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**Schedule C:**

Gross income from sales and services: \$ \_\_\_\_\_

Expenses:

Mileage: \_\_\_\_\_                      Advertizing \$ \_\_\_\_\_  
Office expenses \$ \_\_\_\_\_              Legal & professional expenses \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_                      Rent: \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_                      Supplies \$ \_\_\_\_\_  
Travel \$ \_\_\_\_\_                      Meals \$ \_\_\_\_\_  
Labor \$ \_\_\_\_\_                      COGS \$ \_\_\_\_\_  
Pubs & Mags \$ \_\_\_\_\_              Cell phone \$ \_\_\_\_\_  
Internet \$ \_\_\_\_\_                      Other \$ \_\_\_\_\_

Business related equipment purchased this tax year \$ \_\_\_\_\_  
(if this is your first year with Childs Tax Service also please note any purchases that can be depreciated)

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**Schedule E**

Rental Income \$ \_\_\_\_\_

Expenses:

Mileage \_\_\_\_\_                      Advertising \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_                      Supplies \$ \_\_\_\_\_  
Mortgage Interest \$ \_\_\_\_\_              Insurance \$ \_\_\_\_\_  
Property Taxes \$ \_\_\_\_\_              Utilities \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

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Questions / Other Information:

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