

TAX PREPARATION WORKSHEET  
 FOR: ENTER YOUR NAME UNDER THIS LINE

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SELF EMPLOYED BUSINESS  
 SCHEDULE "C"  
 2018  
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SELF-EMPLOYMENT INFORMATION REVENUES	AMOUNT	ADDITIONAL DESCRIPTION OF ITEMS
FROM SALES OF GOODS OR SERVICES	_____	_____
OTHER INCOME	_____	_____
COST OF GOODS SOLD		
MATERIALS USED TO PRODUCE GOODS	_____	_____
MANUFACTURING PRODUCTION COSTS	_____	_____
OUTSOURCING	_____	_____
INDEPENDENT CONTRACTORS - 1099	_____	_____
CASUAL LABOR	_____	_____
SHIPPING	_____	_____
CREDIT CARD MERCHANT CHARGES	_____	_____
ENDING INVENTORY (IF APPLICABLE)	_____	_____
OPERATING EXPENSES		
ADVERTISING	_____	_____
AUTO MILEAGE - ANNUAL TOTAL	_____	_____
AUTO MILEAGE - BUSINESS PORTION	_____	_____
AUTO GASOLINE & WASHES	_____	_____
AUTO INSURANCE	_____	_____
AUTO LEASE PAYMENTS	_____	_____
AUTO REGISTRATION	_____	_____
AUTO REPAIRS	_____	_____
BANK CHARGES	_____	_____
ENTERTAINMENT MEALS	_____	_____
INSURANCE - BUSINESS - (LIABILITY)	_____	_____
INSURANCE - WORKMAN'S COMP	_____	_____
INSURANCE - HEALTH (EMPLOYEES)	_____	_____
INTEREST EXPENSE	_____	_____
LEGAL/ACCOUNTING	_____	_____
LICENSE, BONDING, TAXES & PERMITS	_____	_____
OFFICE SUPPLIES	_____	_____
PAYROLL (NET)	_____	_____
PAYROLL TAXES (EFTPS DEPOSITS)	_____	_____
POSTAGE, MAILING, PO BOX	_____	_____

SELF EMPLOYED BUSINESS - CONTINUED	AMOUNT	ADDITIONAL DESCRIPTION OF ITEMS
PRINTING & REPRODUCTION	_____	_____
PROTECTIVE CLOTHING	_____	_____
SMALL BUSINESS MACHINES UNDER \$500	_____	_____
SMALL TOOLS	_____	_____
SUPPLIES, GENERAL	_____	_____
RENT EQUIPMENT	_____	_____
RENT FACILITY	_____	_____
RENT STORAGE	_____	_____
REPAIR & MAINTENANCE	_____	_____
TAXES - PERSONAL PROPERTY	_____	_____
TAXES- SALES	_____	_____
TELEPHONE, CELL & INTERNET CONNECTION	_____	_____
TRAVEL-AIR FARES	_____	_____
TRAVEL-LODGING	_____	_____
TRAVEL-GROUND TRANS	_____	_____
TRAVEL-MEALS	_____	_____
NUMBER OF DAYS AWAY OVEWRNIGHT	_____	_____
UTILITIES - COMMERICAL FACILITY	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
HOME OFFICE EXPENSES		
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HOME PRICE & DATE ACQUIRED	_____	_____
DATE FIRST USED AS AN OFFICE	_____	_____
HOME SQUARE FEET - TOTAL	_____	_____
HOME SQUARE FEET - OFFICE AREA	_____	_____
HOMEOWNER'S INSURANCE	_____	_____
ELECTRIC	_____	_____
GAS	_____	_____
PROPANE	_____	_____
WATER	_____	_____
TRASH	_____	_____
SEWER	_____	_____
REPAIRS	_____	_____
CAPITAL PURCHASES		
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AUTO PURCHASE - PRICE & DATE ACQUIRED	_____	_____
COMPUTER - PRICE & DATE ACQUIRED	_____	_____
EQUIPMENT - PRICE & DATE ACQUIRED	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____