

TAX PREPARATION WORKSHEET
 FOR: ENTER YOUR NAME UNDER THIS LINE

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SELF EMPLOYMENT BUSINESS - SCHEDULE "C"
 TAX YEAR

BUSINESS NAME >

PAGE 1 of 2

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-NEC		
CASUAL LABOR UNDER \$600 EACH PERSON		
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 - PROFESSIONAL		
LICENSE, BONDING, TAXES & PERMITS		
OFFICE SUPPLIES		
PAYROLL (NET)		
PAYROLL TAXES (EFTPS DEPOSITS)		
POSTAGE, MAILING, UPS, FED EX, PO BOX		

SELF EMPLOYED BUSINESS - CONTINUED

AMOUNT

ADDITIONAL DESCRIPTION / EXPLANATION OF ITEMS

SELF EMPLOYED BUSINESS - CONTINUED	AMOUNT	ADDITIONAL DESCRIPTION / EXPLANATION 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 - COMMERCIAL FACILITY	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
HOME OFFICE EXPENSES		

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		

AUTO PURCHASE - PRICE & DATE ACQUIRED	_____	_____
COMPUTER - PRICE & DATE ACQUIRED	_____	_____
EQUIPMENT - PRICE & DATE ACQUIRED	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____