



## Questionnaire and Supporting Documentation Form 1040 Schedule C (Profit or Loss from Business)

This questionnaire lists the types of records you need to send us to prove your Schedule C income and expenses. The law requires you to keep adequate records to complete your Schedule C. Please review each line of this questionnaire and answer every question. Return the questionnaire along with copies of your supporting documents.

**Note:** Failure to complete all parts of this questionnaire and submit the supporting documentation can delay the examination of your return and the final determination of your tax liability.

Name		Social Security Number
Business address		Year business started
Telephone Number	Business website <i>(if applicable)</i>	

1. Provide a description of your business *(type of work, product sold, service provided, hours of operation, where business is conducted, etc.)*

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2. Provide a copy of your business license or permit if applicable

3. How do you advertise your business? If you pay for advertisement, submit copies of receipts or other proof of payment

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4. Did you file state or local sales tax returns for the year

Yes *(provide copies)*     No     Not applicable

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5. Did you receive Forms 1099-MISC, 1099-NEC or 1099-K for the income reported

Yes *(provide copies)*    No

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6. Provide copies of records to support the business income reported for any income you received is not included on a form 1099. Check all boxes that apply below *(references are intended to be illustrative and don't constitute government endorsement of any private product, service, entity, or enterprise)*

- Business/Personal bank account statements with business income highlighted
  - Accounting records (e.g., QuickBooks, Peachtree)
  - Electronic payment records (e.g., Apple Pay, PayPal, Zelle, Cash App)
  - Logbooks/Ledgers
  - Invoices/Receipts issued to customers for goods and services
  - Other \_\_\_\_\_
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7. Provide copies of records to support the business expenses reported. Check all boxes that apply *(below references are intended to be illustrative and don't constitute government endorsement of any private product, service, entity, or enterprise)*

- Invoices/Receipts received from suppliers for goods and services purchased
  - Rental Contracts
  - Business insurance contracts
  - Electronic payment records (e.g., Apple Pay, PayPal, Zelle, Cash App) with expenses highlighted
  - Mileage log and receipts for actual car/truck expenses
  - Bank/Credit card statements with expenses highlighted
  - Other \_\_\_\_\_
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Information about Schedule C can be found in IRS Publication 334, Tax Guide for Small Business, and Publication 583

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Diamond Integrity

Tax Services

## *Itemized Deductions forms*

- \$ \_\_\_\_\_ **Medical Expenses** for the Family
- \$ \_\_\_\_\_ Medical Insurance Paid
- \$ \_\_\_\_\_ Prescription Medicines and Drugs
- \$ \_\_\_\_\_ Doctor and Dentist Payments
- \$ \_\_\_\_\_ Hospital and Nurse Payments
- \$ \_\_\_\_\_ **Tax Deductible Miles Traveled** for Medical Purposes
- \$ \_\_\_\_\_ **Home Mortgage Interest** from Form 1098
- \$ \_\_\_\_\_ Home Second **Mortgage Interest Paid**
- \$ \_\_\_\_\_ Real Estate Taxes Paid
- \$ \_\_\_\_\_ State Taxes Paid with Last Year's Return (if claiming **itemized deductions**)
- \$ \_\_\_\_\_ Personal Property Taxes Paid
- \$ \_\_\_\_\_ **Charitable Cash Contributions**
- \$ \_\_\_\_\_ Fair Market Value of Non-cash Contributions to Charities
- \$ \_\_\_\_\_ Unreimbursed Expenses Related to Volunteer Work
- \$ \_\_\_\_\_ **Tax Deductible Mileage** for Volunteer Purposes
- \$ ----- **Casualty and Theft Losses (No longer able to deduct)**
- \$ ----- **Unreimbursed Expenses Related to Your Job (No longer able to deduct)**
- \$ ----- **Miles Traveled Related to Your Job (No longer able to deduct)**
- \$ \_\_\_\_\_ **Union and Professional Dues**
- \$ \_\_\_\_\_ **Investment Expenses**
- \$ \_\_\_\_\_ **Job-hunting Expenses**
- \$ \_\_\_\_\_ **IRA Contributions**
- \$ \_\_\_\_\_ **Student Loan Interest Paid**
- \$ ----- **Moving Expenses (No longer able to deduct)**
- \$ \_\_\_\_\_ Last Year's Tax Preparation Fee

**Taxpayer Signature:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Home Business / Sole Proprietorship Expenses

Taxpayer Name: \_\_\_\_\_

Home Business Name: \_\_\_\_\_

Home Business: \$ \_\_\_\_\_

Year: \_\_\_\_\_

## ADVERTISING

Magnet/window Decal / sticker	\$
Business Cards/Promotions /Flayers	\$
Website	\$

## INSURANCE (other than health)

Life	\$
Renters / Mortgage	\$
Vehicle	\$
Phone	\$

## Vehicle

Mileage	\$
License / Registration	\$
Fuel	\$
Oil Changes	\$
Tolls / Parking	\$
Repairs / Maint / Tires / Batteries	\$
Detail Washing	\$

## SUPPLIES

Tools needed to conduct business	\$
Products, pens, paper, CD's, etc	\$

## FEES

Activation Fees	\$
Monthly / Membership Fees	\$
Legal / Professional Fees	\$
Taxes / Licenses	\$

## TRAVEL / ENTERTAINMENT

Travel	\$
Meals / Entertainment	\$
Business Tips	\$

## EMPLOYEE BENEFIT PROGRAM

Gyms & Others Memberships	\$
Uniforms	\$

## UTILITIES

Phone	\$
Electric / Gas / Water	\$
Internet / Cable	\$

## OFFICE

Furniture / Equipment	\$
Rent / Leasing	\$

## MISCELLANEOUS

Training	\$
Contract labor	\$
Casualty Losses	\$

I, the above-mentioned taxpayer / spouse, solemnly swear that the information that was forwarded to the tax preparer is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I understand that I must have receipts and / or bank statements on file as proof of the above expenses in the case of an audit.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_