DECLARATION OF SELF-EMPLOYMENT INCOME

(Schedule C Due Diligence)

Section I

| , declare the following: | declare the following: | |
|--|------------------------|--|
| 1) I am self-employed and my main profession/product is: | | |
| 2) The Name of my Business is: | | |
| 3) Federal ID# (if applicable): | | |
| 4) I started my business (year) | | |
| 5) Are you providing us with a year-end accounting records showing income, expenses and any 1099's Yes No | issued? | |
| 6) If yes to line 5 then skip Section II and complete Section III. If no to question 5, proceed to Section II may ask you to complete Section II if your records are inadequate. | . Please note we | |
| Section II | | |
| NCOME (1099M, 1099K, Cash Received, Etc.) | | |
| My Gross Sales/Receipts for (year) were: | | |
| Did you receive Form(s) 1099M or 1099K for the Income reported? Yes No | | |
| If you did NOT receive Form(s) 1099M or 1099K, can you provide proof of income (Bank records, invoic records, etc.)? Yes No | ces, accounting | |
| COST OF GOODS SOLD (IF APPLIES) | | |
| Beginning of year Inventory | | |
| Purchases less cost of items used for personal use | _ | |
| Materials and supplies | | |
| Cost of labor | | |
| End of year Inventory | | |
| BUSINESS EXPENSES WORKSHEET | | |
| Advertising Expenses (Total for the year) | _ | |
| *Car Expenses or Mileage (Total for the year) | | |
| Commission and Fees (Total for the year) | _ | |
| insurance (Total for the year) | | |
| Legal/Professional Services (Total for the year) | _ | |
| Office Expenses (Total for the year) | _ | |
| Rent- Vehicle, Machinery (Total for the year) | | |

| Rent – Other (Total for the year) | | | |
|---|--|--|--|
| Supplies (Total for the year) | | | |
| Taxes and Licenses (Total for the year) | | | |
| Travel Expenses (Total for the year) | | | |
| Meals and Entertainment (BUSINESS RELATED) (Total for the year) | | | |
| Utilities (Total for the year) | | | |
| Repairs/Maintenance (Total for the year) | | | |
| **Wages Paid (Total for the year) | | | |
| **Contract Labor or Wages Paid (Total for the year) | | | |
| Mortgage Interest (Total for the year) | | | |
| Other Expenses (Be specific) | | | |
| Other | | | |
| Other | | | |
| Days on the Road (Ex. Truck Drivers) | | | |

If you have a home office please contact us for more information.

*We will need the make, model and year of the vehicle used. Actual expenses or standard mileage can be used. Certain limitations apply. Contact use for more info.

**If you paid any one person \$600 or more during the year, we will need to issue a 1099 to that person. We will need Name, Address, Social Security #, and dollar amount paid to the person and the reason (Example- rents, interest, nonemployee compensation).

Section III

By signing this form, I confirm the information I am providing to Bowshier Tax Service LLC to be accurate and supported by the necessary documents. I have retained all documents, canceled checks, and other data that form the basis of the Income and Deductions pertaining to this return.

I declare under penalty of perjury that the foregoing is true and correct.

| This document execute | ed on | (Da | ite) |
|-----------------------|-------|-----|------|
| PRINT NAME: | | | |

SIGNATURE: _____

DATE: _____

(NOTE: STATUTE DOES NOT REQUIRE NOTARY)