



Allegiance Tax Service
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Self Employed Checklist
(SCH-C)(1099 Misc.)

Business Information

Business Name _____ Contact Person _____

Tax Id # _____ Year Business Started: _____ Phone # _____

Business Code: _____ Business Type: _____

Email: _____ Gross Receipts/Sales: _____

Business Address: _____

Please list all expenses.

Advertising:	Office Expenses:
Car & Truck Expenses:	Pension & Profit-sharing Plans:
Legal & Professional Fees:	Contract Labor:
Commissions & Fees:	Depletion:
Tax & License	Repairs & Maintenance:
Employee Benefit Programs:	Depreciation & Section 179:
Utilities:	Insurance (other than health):
Interest:	Mortgage:
Rent or Lease:	Travel, meals & entertainment:
A. Vehicles, Machinery, & Equipment	A. Travel
B. Other Business Property	B. Deductible meals & entertainment
Supplies:	Other expenses:

By signing below you state that the information above is true.

Sign: _____ Date: _____