



M.E. & ASSOCIATES
SERVICES, INC.

PARMA

EST. 2002

ACCOUNTING FIRM

CELEBRATING 20 YEARS WITH YOUR COMPANY, YOUR FAMILY, AND YOU.

Tax Client Schedule C Info - One Form Per Business

Fill out COMPLETELY or check "N/A". Use a separate Worksheet for EACH Schedule C. ****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all)

Taxpayer or Spouse

Address of Business: _____

Name of Business: _____

Business Code: _____

EIN Number (If any): _____

Date Business Started: _____

Cash Accounting Method

Yes No Do you do your own books/accounting

Accrual

Yes No Would you consider outsourcing to us?

Other(Specify): _____

Yes No Are you a specified Service Trade or Business
(eg: attorneys, accountants, doctors, etc.)

General Questions: (Required for all)

Yes No Are you claiming use of a home office? *If yes, please include Home Office Deduction Worksheet* Yes No

Do you have depreciable assets? *If yes, please provide a detailed depreciation schedule* New Purchased Must Include:

(Prior year detail is preferred; if new client):

A. Asset Description

B. Date Placed in Service

C. Cost

Yes No Self-Insured Health Insurance Deduction? *If yes, how much did you pay?* \$ _____

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven: _____ Business miles: _____ Commuting miles: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Yes No Do you know what your business is worth?

Total Sales: \$ _____ Yes No

Would you like to know?

Other Income: \$ _____

Yes No Was any revenue received from PPP/SBA type loans? Yes No Included Above? Amount: \$ _____

Cost of Goods Sold: (Required if no P&L or Trial Balance Available) Yes

No Do you have employees other than yourself? (W-2s)

Beginning Inventory: \$ _____

Yes No Do you use subcontractors? (1099s)

Purchases: \$ _____

Yes No Do you do your own payroll?

Cost of Labor: \$ _____

Yes No Would you consider outsourcing payroll to us?

Materials and Supplies: \$ _____

Ending Inventory: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ _____

Legal & Professional: \$ _____

Travel: \$ _____

Auto Expenses: \$ _____

Office Expense: \$ _____

Meal (Client/Prospect): \$ _____

(Other than Mileage): \$ _____

Wages to Self: \$ _____

Utilities: \$ _____

Commissions: \$ _____

Wages to Children: \$ _____

Other (List Below): \$ _____

Contract Labor: \$ _____

Wages to Others: \$ _____

a.) _____: \$ _____

Depletion: \$ _____

Pension/Prof Sharing Plans: \$ _____

b.) _____: \$ _____

Depreciation (Need Sched): \$ _____

Rent or Lease: \$ _____

c.) _____: \$ _____

Employee Ben Programs: \$ _____

a.) Vehicles, Machinery: \$ _____

d.) _____: \$ _____

Insurance (NOT Health): \$ _____

b.) Other: \$ _____

e.) _____: \$ _____

Interest: \$ _____

Repairs & Maintenance: \$ _____

f.) _____: \$ _____

a.) Mortgage: \$ _____

Supplies: \$ _____

g.) _____: \$ _____

b.) Other: \$ _____

Taxes & Licenses: \$ _____

h.) _____: \$ _____