



Schedule C #1

2020 Taxpayer Information Sheet

Please have the taxpayer fill out this sheet correctly and legibly to ensure a quick and accurate refund! Double check that the spelling of all names, social security numbers, and the date of birth information are correct and as they appear on the social security cards.

Taxpayer Information

Social Security Number 4xx-xx-xxxx Filing Status MJFJ
 First Name Peter Last Name Walker
 Birth Date 6/19/1972 Occupation Self-Employed Painter
 Can someone else claim the taxpayer as a dependent? Yes _____ No X

Address 123 Mockingbird Ln
 City Your city State Your state Zip Code Your zip
 Phone (____) _____

Spouse Information

Spouse First Name Olivia Spouse Last Name Walker
 Spouse DOB 07/11/1974 Spouse SSN 418-22-2080
 Occupation _____
 Can someone else claim the spouse as a dependent? Yes _____ No X

Stimulus Information(Required Information)

How much was your first stimulus amount (before any offset)? \$2,400
 This amount can be found on Notice 1444 from the IRS
 How much was your second stimulus amount (before any offset)? \$1,200
 This amount can be found on Notice 1444-B from the IRS

Number of W-2's 1

Number of 1099 Income forms _____

Do you have other Income? (Circle one) YES NO What kind? Cash income

Did you or anyone on your return have marketplace insurance at any point during the year? (Circle one)

NO YES (If you did you are required to provide your 1095A)

I the undersigned, hereby certify that all the information provided above is true and correct.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

Dependent Information

Legal Name	Birth Date	Social Security #	Relationship
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

Earned Income Amount

What was your earned income as shown on your 2019 return? _____

This is only for new customers and is not required information.

I the undersigned, hereby certify that all the information provided above is true and correct.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

****SUNLOAN EMPLOYEE MUST COMPLETE DUE DILIGENCE INTERVIEW SHEET****

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN) 23-7781206			1 Wages, tips, other compensation \$11,276.92		2 Federal income tax withheld \$4,144.08			
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE Washington, DC 20003			3 Social security wages \$11,276.92		4 Social security tax withheld Software will calculate			
			5 Medicare wages and tips \$11,276.92		6 Medicare tax withheld Software will calculate			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
Olivia Walker								
123 Mockingbird Lane								12b
Your town, USA								12c
f Employee's address and ZIP code								12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department



2019 Schedule C/Self Employment Checklist

Taxpayer name: Peter Walker

Social Security number: 4Xx-XX-XXXX

The following forms are needed for **EVERY** supporting documentation submission. These forms are required for anyone with Schedule C income or a 1099MISC with income in box 7. If **ANY** of these are missing or incomplete, ATS will not be able to review or process any part of the return.

- Completed & Signed Schedule C Interview Worksheet
- Completed & Signed Schedule C Worksheet
- Proof of ALL income and expenses (categorized, organized, and totaled).
*Income and expenses cannot be taxpayer created but must be verifiable through a third party. (i.e. receipts, cashed checks, etc.)
- ALL 1099MISC forms (if they received any)
- This completed form
- Completed Supporting Documentation Cover Sheet

The following forms are common items the taxpayer may have. Please check the boxes below of all the forms that apply to this taxpayer.

- Mileage Log (if they are claiming mileage, they must have a mileage log that includes the following: date of trip, reason for trip, starting odometer reading, ending odometer reading)
- Completed Auto Expense Worksheet if claiming mileage or auto expenses
- If the taxpayer maintains inventory (food trucks, Mary Kay, etc.)
Beginning inventory \$ _____ Ending inventory \$ _____
- Other forms: _____

Preparer Name: Your name EFIN Your Store EFIN

Sun Loan store phone number: Your store phone number



2019 Schedule C Worksheet

Documentation must be legible and submitted in the correct format for ATS to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return.

Taxpayer name Peter Walker

Social Security number 4XX-XX-XXXX

Type of business Residential Painting

Income:

Total income listed on all 1099-MISC forms in box 7 (if any). \$ _____

Gross receipts/sales – direct income not reported on a 1099-MISC.... \$ 22,750

Expenses: (Sun Loan employee must initial next to each box to confirm supporting documentation was received from the taxpayer.)

<input type="checkbox"/>	Advertising.....	\$ _____
<input type="checkbox"/>	Contract Labor – total amount the taxpayer paid to any worker(s)...	\$ _____
<input type="checkbox"/>	Business Insurance – workman's comp, liability, etc.....	\$ _____
<input type="checkbox"/>	Office expenses – software, cell phones, etc.....	\$ _____
<input checked="" type="checkbox"/>	Supplies – paper, pens, printer ink, etc.....	\$ <u>2,505.49</u>
<input type="checkbox"/>	Business taxes and Licenses.....	\$ _____
<input type="checkbox"/>	Business travel – lodging.....	\$ _____
<input type="checkbox"/>	Meals.....	\$ _____
<input type="checkbox"/>	Other Expenses: please describe and use the back of this sheet if needed	\$ _____
		\$ _____
		\$ _____

If you have car and/or truck expenses, please complete the Auto Expense Worksheet

I, the undersigned, hereby certify that all the information provided on this form is true and correct.

Taxpayer Signature: Peter Walker Date: Today

Employee Signature: *I verify that the taxpayer provided the above documentation.*

Your signature Date: Today

Complete the Taxpayer Schedule C Interview Worksheet

12.31.2019

Invoice # 2211

Local Business Supplier

Bill To:

For:

Invoice for 2019

Peter Walker

123 Mockingbird Lane

City, State, and Zip Code

770-619-5850

Item Number	Description	Price	Quantity	Amount
ABC-123	Paint brushes	\$ 5.00	15	\$ 75.00
ABC-134	Rollers	\$ 4.00	20	\$ 80.00
ABC-225	Painters tape	\$ 3.99	20	\$ 79.80
ABC-887	Sprayer	\$ 999.00	1	\$ 999.00
ABC-151	Ladder	\$ 1,200.00	1	\$ 1,200.00
				\$ -
				\$ -
	Total Items: 5		Subtotal	\$ 2,433.80

Sales Tax Rate: 5.0%

Sales Tax \$ 121.69

Less Deposit Received \$ 50.00

Invoice Total \$ 2,505.49

Make all checks payable to:

Local Business Supplier

Paid 12/31/2019

Thank you for your business!

If you have any questions concerning this invoice, contact:

Contact Name

Contact Phone Number

Contact Email Address

Company Name

Phone:

Street Address

Company Website

Fax:

City, State, and Zip Code

Company Email Address

Sample - For Training Purposes Only



2019 Auto Expense Worksheet

Use one sheet per vehicle.

1. Taxpayer name: Peter Walker

2. Social Security Number: XXX-XX-XXXX

3. These expenses are for what income: **Circle one**

Self-employment Income (Schedule C)

Farm income (Schedule F)

Rental income (Schedule E)

4. Description of vehicle - Year, make, and model: 2010 Ford F-150

5. Date placed in service: 1/1/2019

Circle the correct answer for each question:

6. I have another vehicle for personal use YES NO

7. I use this vehicle during off-duty hours YES NO

8. I have evidence of support this deduction YES NO

(If **NO** is answered to question #8 then no deduction can be taken)

9. Total number of business miles - Please provide log 4,759

(Mileage logs must include: date of trip, mileage, starting location, ending location, and purpose of trip)

10. Other deductible vehicle expenses - (i.e. Parking Fees, Tolls, etc.)

Please describe and list deductible amount: none

Documentation must be legible and submitted in the correct format for us to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return. To be considered complete questions #1 - #10 must be answered and the form signed for all taxpayers claiming mileage or any auto expenses.

I, the undersigned, hereby certify that all the information provided on this form is true and correct.

Taxpayer Signature:

Peter Walker

Date: Today's date

This is a partial sample of the mileage log provided by Peter Walker.

MILEAGE LOG SHEET						
Year: 2019			Odometer			
Date	Time	Description/Purpose	Location	Start	Finish	Total Mileage
2-15		Hill paint job				14
2-16		Hill paint job				14
2-17		Hill paint job				14
2-18		Home Depot - Hill job				11
2-18		Hill paint job				14
2-19		Hill paint job				14
3-22		Kinko's - Business Flyers				8
5-9		Estimate - Jones job				20
5-28		Estimate - Smith Job				28
5-29		Smith paint job				28
5-30		Home Depot - Smith job				11
5-31		Smith job				28

Sample - For Training Purposes Only

This is a partial log for training purposes - For a real return the taxpayer would need to provide a complete mileage log.