| WS Consulting, LLC - Schedule C Tax Year:                    |                            |
|--|----------------------------|
| QUESTIONER FOR TAX RETURN PREPARATION:                       | LAST 4 DIGIT SSN:          |
| Name & Last four digit SSN:                                  |                            |
| Principal activity of the business                           |                            |
| All 1099MISC, Single Member LLC should report on schedule C  |                            |
| Gross Income:  |                            |
| Business income from 1099MISC or bank & cash deposits        | \$                         |
| Cost of Sale:  |                            |
| Opening Inventory  | \$                         |
| Purchases  | \$                         |
| Closing Inventory  | \$                         |
| Total Cost of Sale   | \$                         |
| Expenses: Necessary & relevant expenses incurred to earn abo |                            |
| Advertisement  | \$                         |
| Amortization   | \$                         |
| Business development   | \$                         |
| Business Telephone   | \$                         |
| Business Travel  | \$                         |
| Business use of Home - portion of Rent                       | \$                         |
| Commission/fees  | \$                         |
| Contract Labor   | \$                         |
| Depriciation   | \$                         |
| Equipments & Tools   | \$                         |
| Insurance  | \$                         |
| Interest paid  | \$                         |
| Internet   | \$                         |
| Legal /Professional fee                                      | \$                         |
| Meals & Entertainment  | \$                         |
|  | \$                         |
| Office expenses Other Expenses                               | \$                         |
|  | \$                         |
| Postage  |                            |
| Rent   | \$                         |
| Repair & Maintenance   | \$                         |
| Supplies   | \$                         |
| Taxes & License  | \$                         |
| Utilities  | \$                         |
| Vehicle Expenses - Lease or Mileage                          | \$                         |
| Total Expenses   | \$                         |
| Net Profit   | \$                         |
| Vehicle Name:  |                            |
| Date used for business:<br>Cost of Vehicle:                  | \$                         |
| Accumulated Depriciation- if any                             | φ<br>\$                    |
| Parking & Tolls:   | \$<br>\$<br>\$<br>\$<br>\$ |
| Car Insurance:   | \$                         |
| Gaoline & Oil change:  | \$                         |
| Repair & Maintenance:  | \$                         |
| Lease Payments   | \$                         |
| Total  | \$                         |
|  | Ψ                          |

Please make sure the provided information is complete and accurate and proper records is being maintained for the provided information.

Signature: