



Self-Employed Business Expenses (Schedule C)

Please use a separate worksheet for each business. Do not duplicate expenses!

Name of Business: _____ Type of Business: _____
Owned/Operated by: Tax payer Spouse

Income

Income (not included on 1099) \$ _____
Income from 1099 \$ _____
Total Income: \$ _____

Expenses: Expenses must be ordinary and necessary for your business to be deductible.

Advertising	\$ _____	Commission & Fees paid to others	\$ _____
Contract labor	\$ _____	Business and/or liability insurance	\$ _____
Legal & Professional fees	\$ _____	Office Supplies	\$ _____
Professional Memberships	\$ _____	Supplies (besides office supplies)	\$ _____
Rental/Lease of Equipment, machinery, etc.	\$ _____	Rental/Lease of Office space, land, bldgs.)	\$ _____
Taxes & Licenses	\$ _____	Continuing education, classes, seminars	\$ _____
Travel (away from home, do not include meals& entertainment)	\$ _____		
Total Meals & Entertainment (only 50% is allowed as a deduction)	\$ _____		
Gifts (≤ \$25/person) _____	\$ _____		
Cellphone (% business usage) _____	\$ _____		
Internet (% business usage) _____	\$ _____		
_____	\$ _____		
Total Expenses:	\$ _____		

Did you pay \$600 or more in total during the year to any individual? No Yes Did you file form 1099? No Yes

Equipment and other business assets

Description of asset, date of item first placed in service & purchase price:

Business-related Mileage (Must keep written mileage log!)

Date vehicle was placed in service _____	Make/Model/year of vehicle _____
Total miles driven (regardless of purpose) _____	Odometer reading 1/1 _____ 12/31 _____
Total business-related miles: _____	Parking fees, tolls, transportation (bus, train) \$ _____
Other car expenses, please specify _____	\$ _____

Cost of Goods sold

Wholesale cost of beginning inventory (01/01) \$ _____	... ending inventory (12/31) \$ _____
Withdrawals for personal use & gifts \$ _____	Purchases \$ _____
Supplies, shipping, & other costs of production \$ _____	

Home Office (Must be used regularly and exclusively for business, storage of inventory or product samples)

Total area of home _____	Area used for business _____
Mortgage interest paid \$ _____	Rent paid \$ _____
Property taxes \$ _____	Insurance \$ _____
Utilities \$ _____	Repairs (not improvements) \$ _____
Other: _____	\$ _____

Information provided by _____

Date _____