



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.) \$ _____

Utilities \$ _____ Continuing education, classes, seminars \$ _____

Travel (away from home, do not include meals& entertainment) \$ _____

Total Meals & Entertainment (only 50% is allowed as a deduction) \$ _____

Other:

Gifts (≤ \$25/person), cell phone (business percentage: ___) \$ _____

_____ \$ _____

Total Expenses: \$ _____

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

Equipment and other business assets

(Attach an itemized list with 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: _____ \$ _____

For Daycare Providers:

Area used regularly & exclusively for daycare _____ Area used partly for daycare _____

Total days used for daycare during the year _____ Hours used per day for daycare _____

Information provided by _____

Date _____