

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: 0 Tax payer 0 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)	\$ _____		
Gifts (≤ \$25/person) _____	\$ _____		
Cellphone (% business usage) _____	\$ _____		
_____	\$ _____		
_____	\$ _____		
Total Expenses:	\$ _____		

Did you pay \$600 or more in total during the year to any individual? 0 No 0 Yes Did you file form 1099? 0 No 0 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 _____