



# 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:  Taxpayer  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)	\$ _____
Gifts (≤ \$25/person)	\$ _____	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 Expenses	_____ \$ _____		
Cellphone total amount + % business usage	_____ \$ _____		
Internet total amount + % business usage	_____ \$ _____		
Dues & Subscriptions	_____ \$ _____		
Other:	_____ \$ _____		
<b>Total Expenses:</b>	_____ \$ _____		

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 _____	
Business-related miles	_____	Parking fees, tolls, transportation (bus, train) \$ _____	
Other car expenses, please specify:	_____ _____ _____	\$ _____	

### Cost of Goods sold (If you are selling products and keep and inventory on hand)

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 \_\_\_\_\_