



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

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 _____