



# Schedule C

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

## Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising . . . . .	29	
30	Contract labor . . . . .	30	
31	Commissions and fees . . . . .	31	
32	Depletion . . . . .	32	
33	Employee benefit programs (other than on line 39) . . . . .	33	
34	Insurance (other than health) . . . . .	34	
<b>Interest:</b>			
35	Mortgage (paid to banks, etc.) . . . . .	35	
36	Other . . . . .	36	
37	Legal and professional services . . . . .	37	
38	Office expense . . . . .	38	
39	Pension and profit-sharing plans . . . . .	39	
<b>Rent or Lease:</b>			
40	Machinery rental or lease . . . . .	40	
41	Equipment rental or lease . . . . .	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance . . . . .	48	
49	Supplies (not included in inventory cost of goods sold) . . . . .	49	
50	Taxes and licenses . . . . .	50	
<b>Travel and Meals:</b>			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits . . . . .	55	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied . . . . .	56	<input type="checkbox"/>
Meals subject to percentage limitation			
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	
Meals not subject to percentage limitation (100% allowed)			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	Utilities . . . . .	66	
67	Wages . . . . .	67	
<b>Other Expenses:</b>			
68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	
73	_____	73	
74	_____	74	
75	_____	75	
76	_____	76	

# Schedule C

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
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43				
44				

# Schedule C

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

## Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

# Home Office for Schedule C

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

## Home Office Expenses

### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Excess real estate taxes . . . . . 7
- 8 Insurance . . . . . 8
- 9 Rent . . . . . 9
- 10 Repairs and maintenance . . . . . 10
- 11 Utilities . . . . . 11

### 12 Other Expenses:

- a \_\_\_\_\_ 12a
- b \_\_\_\_\_ 12b
- c \_\_\_\_\_ 12c
- d \_\_\_\_\_ 12d
- e \_\_\_\_\_ 12e

### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

### Business:

### Additional expenses related to business portion only (Direct)

- 13 Casualty losses . . . . . 13
- 14 Excess mortgage interest . . . . . 14
- 15 Excess real estate taxes . . . . . 15
- 16 Insurance . . . . . 16
- 17 Rent . . . . . 17
- 18 Repairs and maintenance . . . . . 18
- 19 Utilities . . . . . 19

### 20 Other Expenses:

- a \_\_\_\_\_ 20a
- b \_\_\_\_\_ 20b
- c \_\_\_\_\_ 20c
- d \_\_\_\_\_ 20d
- e \_\_\_\_\_ 20e

Current Year Amount	Prior Year Amount
