



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

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

Expenses		Current Year Amount	Prior Year Amount
20 Advertising . . . . .	20		
21 Contract labor . . . . .	21		
22 Commissions and fees . . . . .	22		
23 Depletion . . . . .	23		
24 Employee benefit programs (other than on line 30) . . . . .	24		
25 Insurance (other than health) . . . . .	25		
<b>Interest:</b>			
26 Mortgage (paid to banks, etc.) . . . . .	26		
27 Other . . . . .	27		
28 Legal and professional services . . . . .	28		
29 Office expense . . . . .	29		
30 Pension and profit-sharing plans . . . . .	30		
<b>Rent or Lease:</b>			
31 Machinery rental or lease . . . . .	31		
32 Equipment rental or lease . . . . .	32		
33 _____	33		
34 _____	34		
35 _____	35		
Other business property rental or lease			
36 _____	36		
37 _____	37		
38 _____	38		
39 Repairs and maintenance . . . . .	39		
40 Supplies (not included in inventory cost of goods sold) . . . . .	40		
41 Taxes and licenses . . . . .	41		
<b>Travel, Meals, and Entertainment:</b>			
Travel			
42 _____	42		
43 _____	43		
44 _____	44		
45 _____	45		
Meals and entertainment			
46 Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/>	<input type="checkbox"/>
47 _____	47		
48 _____	48		
49 _____	49		
50 _____	50		
51 Utilities . . . . .	51		
52 Wages . . . . .	52		
<b>Other Expenses:</b>			
53 _____	53		
54 _____	54		
55 _____	55		
56 _____	56		
57 _____	57		
58 _____	58		
59 _____	59		
60 _____	60		
61 _____	61		

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			

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 Insurance . . . . . 7

8 Rent . . . . . 8

9 Repairs and maintenance . . . . . 9

10 Utilities . . . . . 10

11 Other Expenses:

a \_\_\_\_\_ 11a

b \_\_\_\_\_ 11b

c \_\_\_\_\_ 11c

d \_\_\_\_\_ 11d

e \_\_\_\_\_ 11e

#### 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)

12 Casualty losses . . . . . 12

13 Excess mortgage interest . . . . . 13

14 Insurance . . . . . 14

15 Rent . . . . . 15

16 Repairs and maintenance . . . . . 16

17 Utilities . . . . . 17

18 Other Expenses:

a \_\_\_\_\_ 18a

b \_\_\_\_\_ 18b

c \_\_\_\_\_ 18c

d \_\_\_\_\_ 18d

e \_\_\_\_\_ 18e

Current Year Amount	Prior Year Amount
