

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)Enter "X" in one box: ☐ Filer ☐ Spouse**General Information**

Employer Identification Number _____ (do not enter Social Security Number)
Principal business or profession _____
Business name _____
Business address _____
City _____ State _____ Zip _____
Foreign Country _____
Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) _____
2 Did you "materially participate" in this business? ☐ Yes ☐ No
3 Check ('X') if you started or acquired this business in 2019. ☐
4 Did you make any payments in 2019 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.
Gross receipts or sales not reported on Form 1099 or Form W-2

		Current Year Amount	Prior Year Amount
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15	Income reported on 1099-MISC		
16	Gross amount of payment card/third party network transactions from Form 1099-K		
17	Professional gambler winnings from Form W-2-G		
18	Gross profit on collected amounts from installment sale of certain residential lots and timeshares		
19	Returns and allowances		
20	Other income		

Inventory (Enter "X" where applicable)

21	Method(s) used to value closing inventory	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other
22	Any change in determining quantities, costs, or valuations between opening and closing inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
23	Inventory at the beginning of year	23	Current Year Amount	Prior Year Amount
24	Purchases less cost of items withdrawn for personal use	24		
25	Cost of labor	25		
26	Materials and supplies	26		
27	Other Costs	27		
28	Inventory at end of year	28		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A			
B			
C			
D			
E			
F			
G			

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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 30)	33	
34	Insurance (other than health)	34	
Interest:			
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	
Rent or Lease:			
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	
Travel and Meals:			
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	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	Utilities	60	
61	Wages	61	
Other Expenses:			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	_____	66	
67	_____	67	
68	_____	68	
69	_____	69	
70	_____	70	

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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				
Actual Expenses					
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				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

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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: _____

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

Current Year Allocation %	Prior Year Allocation %

Current Year Amount	Prior Year Amount

Name _____

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Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box:

☐ Daycare

Home Office Expenses
