

SSN \_\_\_\_\_

Enter "X" in one box: ☐ Filer ☐ Spouse

A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		



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 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"/>	<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		



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 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 \_\_\_\_\_

SSN \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Check ("X") box: ☐ Daycare

## **Home Office Expenses**

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