

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 2021. ☐
- 4 Did you make any payments in 2021 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 W2-G		
18	Gross installment sales less cost of goods sold		
19	Returns and allowances		
20	Other income		

Inventory

(Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

		Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year		
24	Purchases less cost of items withdrawn for personal use		
25	Cost of labor		
26	Materials and supplies		
27	Other Costs		
28	Inventory at end of year		

Assets Placed in Service This Year

Description:

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

Name _____

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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 39)	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 _____

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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 _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: ☐ Daycare

Home Office Expenses
