

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 2022. ☐
- 4 Did you make any payments in 2022 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24	Purchases less cost of items withdrawn for personal use .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 \_\_\_\_\_

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	



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				
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
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				
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
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
