

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 35)	24	
25	Insurance (other than health)	25	
Interest:			
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	
Rent or Lease:			
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	
Travel, Meals, and Entertainment:			
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"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities	51	
52	Wages	52	
Other Expenses:			
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				
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 _____

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
