

Self-Employed Business Expenses (Schedule C) Worksheet for unincorporated businesses or farms. Use separate sheet for each type of business.

Use a separate worksheet for each business owned/operated. Do not duplicate expenses.

Name & type of business: _____

Owned/Operated by: Client Spouse

Income: Total sales, fees or honoraria in exchange for services or goods (Please explain if this figure includes amount(s) shown on Form(s) 1099 & include copies.) \$ _____

Expenses: (NOTE: Expenses must be *ordinary* and *necessary* for your business to be deductible.)

Advertising \$ _____
Commissions & fees paid to others \$ _____
Contract labor \$ _____

Did you pay \$600 or more in total during the year to any individual? No
 Yes; Please attach a copy of the 1099-MISC(s) that you filed.

Business and/or liability insurance \$ _____
Legal & professional expenses \$ _____
Office supplies purchased \$ _____
Professional memberships \$ _____
Rental/lease of equipment, machinery, etc. \$ _____
Rental/lease of office space, land, buildings, etc. \$ _____
Travel (away from home; do not include meals & entertainment) \$ _____
Job Supplies (non-inventory; only portion actually used for jobs) \$ _____
Total meals & entertainment (50% is allowed as a deduction.) \$ _____
Utilities \$ _____
Continuing education, classes, seminars, etc. \$ _____

(Travel as a form of education is not allowed.)

Other (please itemize) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Expenses except for equipment & depreciation: \$ _____

Equipment and other business assets (attach an itemized list with a description of the asset, the date the item was placed in service, and the purchase price) \$ _____

Business-Related Mileage:

NOTE: Keep a written mileage log showing the date, miles, and business purpose for each trip. The IRS does not allow a deduction for undocumented mileage. If there are multiple vehicles, please attach a separate statement with a breakdown per vehicle.

Month/day/year vehicle was placed in service for business use: _____

Make, model, and year of vehicle _____

Total miles this vehicle was driven this year, regardless of purpose _____

Odometer reading 12/31: _____

Odometer reading 1/1: _____

Total business-related miles driven for the year _____

Parking fees, tolls, and transportation (e.g. by train or bus): _____

Cost of Goods Sold:

Wholesale cost of beginning inventory, January 1 \$ _____

Purchases \$ _____

Withdrawals for personal use & gifts \$ _____

Supplies, shipping, & other costs of production \$ _____

Wholesale cost of ending inventory, December 31 \$ _____

Home Office

NOTE: A home office must be used **regularly** and **exclusively** for business, regularly for daycare, or for storage of inventory or product samples in order to claim a deduction.

Total area of home _____

Area used regularly & exclusively for business _____

Mortgage interest paid (Please include all Forms 1098) \$ _____

Property taxes \$ _____

Insurance \$ _____

Utilities \$ _____

Repairs (list major improvements, such as a new roof, separately) \$ _____

Other (please itemize) _____

_____ \$ _____

_____ \$ _____

Total Expenses except for equipment & depreciation: \$ _____

For daycare providers:

Area used regularly & exclusively for daycare _____

Area used regularly & partly for daycare _____

Total days used for daycare during the year _____

Hours used per day for daycare _____

Information provided by (initials only): _____

Date: _____