

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41 Advertising	41		
42 Contract labor	42		
43 Commissions and fees	43		
44 Depletion	44		
45 Employee benefit programs (other than on line 51)	45		
46 Insurance (other than health)	46		

Interest:

47 Mortgage (paid to banks, etc.)	47		
48 Other	48		

49 Legal and professional services	49		
50 Office expense	50		
51 Pension and profit-sharing plans	51		

Rent or Lease:

52 Machinery rental or lease	52		
53 Equipment rental or lease	53		
54	54		
55	55		
56	56		
Other business property rental or lease			
57	57		
58	58		
59	59		

60 Repairs and maintenance	60		
61 Supplies (not included in inventory cost of goods sold)	61		
62 Taxes and licenses	62		

Travel, Meals, and Entertainment:

Travel

63	63		
64	64		
65	65		
66	66		

Meals and entertainment

67 Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	68		
69	69		
70	70		
71	71		

72 Utilities	72		
73 Wages	73		

Other Expenses

74	74		
75	75		
76	76		
77	77		
78	78		
79	79		
80	80		
81	81		
82	82		

Name _____

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Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

	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 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 12				

Vehicle 3 -

Vehicle 4 -

	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 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 12				

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Self-Employed Office in Home Expenses

		Current Year Amount	Prior Year Amount
Area of Home			
1	Area used regularly and exclusively for business, regularly for daycare.	1	
2	Total area of home	2	
Daycare only			
3	Multiply days used for daycare during year by hours used per day	3	
Expenses related to entire home including business portion			
4	Casualty losses	4	
5	Excess mortgage interest	5	
6	Insurance	6	
7	Repairs and maintenance	7	
8	Utilities	8	
9	Other expenses	9	
Additional expenses related to business portion only			
10	Casualty losses	10	
11	Excess mortgage interest	11	
12	Insurance	12	
13	Repairs and maintenance	13	
14	Utilities	14	
15	Other expenses	15	