



**Self-Employment (Schedule C)**

Type of Business: \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address: (if different from home address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounting Method: Cash \_\_\_\_\_ Accrued: \_\_\_\_\_ Business EIN: \_\_\_\_\_

Do you have Inventory? Yes \_\_\_ No \_\_\_ Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_ Did you start this business in year 2017? Yes \_\_\_ No \_\_\_

**Income**

Gross receipts or sales: \_\_\_\_\_ Income Reported on 1099-Misc: \_\_\_\_\_

**Expenses**

Advertising: _____	Office Expense: _____
Supplies: _____	Meals: _____
Utilities: _____	Contact Labor: _____
Taxes: _____	Accounting services: _____
Wages: _____	Phone: _____
Rent: _____	Laundry and cleaning: _____
Bank Fees: _____	Professional Fees: _____
Insurance: _____	Office Expensed: _____
Repairs: _____	Parking and tolls: _____
Legal Fees: _____	Pension contributions: _____
Licenses: _____	Postage: _____
Travel:(not list anywhere else) _____	Printing: _____
Bad Debt: _____	Repairs: _____
Dues and Subscriptions: _____	Security: _____
Sales Taxes: _____	Payroll Taxes: _____
Telephone: _____	Tools: _____
Uniforms: _____	Deliver and freight: _____
Utilities: _____	Wages: _____
Other Expenses: _____	Commissions: _____
Other Expenses: _____	Car and Truck expenses: _____

Do you have a home office: Yes \_\_\_ No \_\_\_\_\_, if yes, what is the square feet of the home \_\_\_\_\_ square feet of the space used \_\_\_\_\_. (space must be used exclusively for work to get credit).

**Primary Taxpayer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Vehicle Expenses

Was the Vehicle depreciated in a prior year? Yes \_\_\_\_\_ No \_\_\_\_\_

Is car leases? Yes \_\_\_\_\_ No \_\_\_\_\_ Is Car Owned (or financed) Yes \_\_\_ No \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date Placed in Service: \_\_\_\_\_ Business Miles: \_\_\_\_\_

Commuting Miles: \_\_\_\_\_ Total Miles: \_\_\_\_\_

Gas: _____	Oil changes: _____
Repairs & Maintenance: _____	Tires: _____
Insurance: _____	Towing: _____
Car Tag: _____	Personal property tax: _____
Interest: _____	Lease Payments: _____
Auto club: _____	Warranty: _____
Other: _____	Other: _____

### Travel & Entertainment Expense

Airfare, train: _____	Car rental & gas: _____
Taxi, bus, shuttles: _____	Parking, tolls: _____
Lodging: _____	Meals: _____
Tips: _____	Entertainment: _____
Telephone: _____	Dry Cleaning: _____
Other: _____	Number of Days out of town _____

### Other Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_