**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

Gross receipts or sales:

# Income

Income Reported on 1099-Misc:

# Expenses

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

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

## Travel & Entertainment Expense

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

Other Information

**Primary Taxpayer: Spouse:**

**Date: Date:**