

**(Schedule C) Self-Employed Business Worksheet** for single member LLC and sole proprietors.

(Use a separate sheet for each business owned/operated. Do not duplicate expenses.)

**Name & Type of Business:** \_\_\_\_\_

Owned/Operated by: \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Jointly

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

\$ \_\_\_\_\_

**Expenses:**

Advertising	\$ _____
Car & Truck expenses: From worksheet on next page	\$ _____
Commissions & fees paid to others	\$ _____
Contract labor	\$ _____
Did you pay \$600 or more in total the year to any individual? If so, attach the 1099-NEC you filed.	
Employee benefits such as health insurance	\$ _____
Equipment, software, computers, tools (include detail of large purchases)	\$ _____
Insurance: Business and Liability, not health	\$ _____
Interest, business related borrowing only	\$ _____
Legal & Professional Fees	\$ _____
Office supplies, paper, postage, etc.	\$ _____
Pension, employer contributions of employees	\$ _____
Professional memberships or dues	\$ _____
Rental/lease of equipment, machinery, etc.	\$ _____
Rental/lease of office space, land, buildings, etc.	\$ _____
Repairs of equipment & property but not vehicles	\$ _____
Supplies (non-inventory)	\$ _____
Taxes-employer 1/2 FICA, worker's comp	\$ _____
Travel (away from home; do not include meals)	\$ _____
Meals (50% of total will be deducted)	\$ _____
Utilities: Not for office in home. Include business % of cell phone.	\$ _____
Wages: Include W-3 and W-2	\$ _____
Other (please attach an itemized list)	\$ _____
Continuing education, classes, seminars	\$ _____
<b>Total Expenses except depreciation</b>	<b>\$ _____</b>

**Business-related mileage:**

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

**Total business-related miles driven for the year**

\_\_\_\_\_

Parking fees, tolls

\_\_\_\_\_

**Cost of Goods Sold:**

Whole cost of beginning inventory, January 1

\$

\_\_\_\_\_

Purchases

\$

\_\_\_\_\_

Withdrawals for personal use & gifts

\$

\_\_\_\_\_

Supplies, shipping & other production costs

\$

\_\_\_\_\_

Wholesale cost of ending inventory, December 31

\$

\_\_\_\_\_