



MARIA'S TAXES

Schedule C Worksheet

GROSS RECEIPTS	AMOUNT RECEIVED
1099 MISC	\$
	\$
EXPENSES	AMOUNT PAID
Advertising	
Yellow Pages:	\$
Other:	\$
Car & Truck Expense(standard & actual miles)	
Year/Make/Model of Car:	
Total Miles Driven for Year:	
Total Business Miles for Year:	
Total Commuting Miles for Year:	
Car & Truck Expense(actual miles only)	\$
Lease Payment:	\$
Gas:	\$
Maintenance & Repairs:	\$
Insurance:	\$
Taxes:	\$
Professional Fees & Dues	
Association Dues:	\$
License:	\$
Chamber of Commerce:	\$
Other:	\$
Insurance (Other than self-employed health)	
E&O:	\$
Other:	\$
Legal & Professional Services	
Attorney:	\$
Accountant:	\$
Consultants:	\$
Bookkeeper:	\$
Office Expenses	
Voice Mail:	\$
Computer Software:	\$
Courier Service:	\$
Clerical Service:	\$
Furniture (<i>cost, date purchased & description</i>):	\$
Equipment: (<i>cost, date purchased & description</i>):	\$
Rent	\$

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Repairs/Maintenance	
Equipment Repair:	\$
Office Cleaning:	\$
Other:	\$
Supplies	
Pens/Paper:	\$
Briefcase:	\$
Greeting Cards:	\$
Cleaning Supplies	\$
Other:	\$
Other Expenses:	
Postage:	\$
Stationary/Business Cards:	\$
Bank Charges:	\$
Marketing/Public Relations:	\$
Photocopy Expense:	\$
Publications/Subscriptions:	\$
Gifts:	\$
Telephone (other than 1st line):	\$
Cell Phone:	\$
Internet:	\$
Cost of Goods Sold:	
Beginning Inventory (1/1/19)	\$
Ending Inventory (12/31/19)	\$
Purchases	\$
Permits:	\$
Uniforms:	\$
Continuing Education:	
Course Registration:	\$
Correspondence Course Fees:	\$
Materials & Supplies:	\$
Reference Materials:	\$
Seminar Fees:	\$
Text Books:	\$
Other:	\$

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Travel Expense: Airfare: Tolls: Car Rental: Laundry: Lodging (don't include meals): Meals (don't include lodging): Parking:	\$ \$ \$ \$ \$ \$ \$		
Office In-Home Expense: Total Sq. Ft of Home: Sq. Ft. of Office: Utilities: <i>(total amount paid for the year)</i> Gas: Electric: Oil: Propane: Repair/Maintenance: Rent: Mortgage Interest Paid: Real Estate Taxes: Qualified Insurance:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Taxes: Estimated Payments <i>(Please note date & amount paid):</i> Due 4/15: Due 6/15: Due 9/15: Due 1/15: Payroll: Property Tax: Business Entity Tax:	\$ \$ \$ \$ \$ \$ \$	Federal 	State \$ \$ \$ \$ \$
Self Employed Health Insurance	\$		
Wages Paid Family Members: Others: Contract Labor: Commissions & Fees:	\$ \$ \$ \$		