

Name: _____

Tax Year: _____

SCHEDULE C		INCOME & EXPENSES		
		Business #1	Business #2	Business #3
Income:				
	1099 Income Received	\$	\$	\$
Expenses:				
	Advertising	\$	\$	\$
	Auto Expenses	\$	\$	\$
	Commissions and Fees	\$	\$	\$
	Business Licenses and Permits	\$	\$	\$
	Contract Labor	\$	\$	\$
	Insurance	\$	\$	\$
	Interest Expense	\$	\$	\$
	Legal and other professional fees	\$	\$	\$
	Computer and Internet	\$	\$	\$
	Rent	\$	\$	\$
	Repairs	\$	\$	\$
	Supplies	\$	\$	\$
	Travel Expense	\$	\$	\$
	Deductible Client Meals	\$	\$	\$
	Utilities	\$	\$	\$
	Telephone	\$	\$	\$
Other:	Home Office Square Footage			
	Total Home Square Footage			
	Rent/Mortgage	\$	\$	\$
	Property Taxes	\$	\$	\$
	Homeowner's Insurance	\$	\$	\$
	Business Mileage			
	Total Mileage			
		\$	\$	\$
		\$	\$	\$