

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Self-Employed Business Income and Expenses (Schedule C)**Enter "X" in one box: ☐ Filer ☐ Spouse**General Information**

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

**General Check Boxes**

(Enter "X" where applicable)

- 1 Accounting Method . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business? ☐ Yes ☐ No
- 3 Check ('X') if you started or acquired this business in 2017. ☐
- 4 Did you make any payments in 2017 that would require you to file Form(s) 1099? ☐ Yes ☐ No

**Business Income**

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances . . . . .		
11	Other income . . . . .		

**Inventory**

(Enter "X" where applicable)

12	Method(s) used to value closing inventory . . . . .	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other
13	Any change in determining quantities, costs, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			<b>Current Year Amount</b>	<b>Prior Year Amount</b>
14	Inventory at the beginning of year . . . . .	14		
15	Purchases less cost of items withdrawn for personal use . . . . .	15		
16	Cost of labor . . . . .	16		
17	Materials and supplies . . . . .	17		
18	Other Costs . . . . .	18		
19	Inventory at end of year . . . . .	19		

**Assets Placed in Service This Year**

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)****Expenses**

			Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20		
21	Contract labor . . . . .	21		
22	Commissions and fees . . . . .	22		
23	Depletion . . . . .	23		
24	Employee benefit programs (other than on line 35) . . . . .	24		
25	Insurance (other than health) . . . . .	25		

**Interest:**

26	Mortgage (paid to banks, etc.) . . . . .	26		
27	Other . . . . .	27		
28	Legal and professional services . . . . .	28		
29	Office expense . . . . .	29		
30	Pension and profit-sharing plans . . . . .	30		

**Rent or Lease:**

31	Machinery rental or lease . . . . .	31		
32	Equipment rental or lease . . . . .	32		
33	_____	33		
34	_____	34		
35	_____	35		
	Other business property rental or lease			
36	_____	36		
37	_____	37		
38	_____	38		

39	Repairs and maintenance . . . . .	39		
40	Supplies (not included in inventory cost of goods sold) . . . . .	40		
41	Taxes and licenses . . . . .	41		

**Travel, Meals, and Entertainment:****Travel**

42	_____	42		
43	_____	43		
44	_____	44		
45	_____	45		

**Meals and entertainment**

46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/>	<input type="checkbox"/>
47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

51	Utilities . . . . .	51		
52	Wages . . . . .	52		

**Other Expenses:**

53	_____	53		
54	_____	54		
55	_____	55		
56	_____	56		
57	_____	57		
58	_____	58		
59	_____	59		
60	_____	60		
61	_____	61		

Name
SSN

Home Office Number

Description of Home Office

Address

City
State
Zip

Check ("X") box:
☐ Daycare

## Home Office Expenses

### Area of Home

- 1
Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . .
1
- 2
Total area of home . . . . .
2

### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3
Multiply days used for daycare during year by hours used per day . . . . .
3
- 4
Enter total hours home was available for daycare during year . . . . .
4

### Expenses related to entire home including business portion (Indirect)

- 5
Casualty losses . . . . .
5
- 6
Excess mortgage interest . . . . .
6
- 7
Insurance . . . . .
7
- 8
Rent . . . . .
8
- 9
Repairs and maintenance . . . . .
9
- 10
Utilities . . . . .
10
- 11
Other Expenses:

- a
11a
- b
11b
- c
11c
- d
11d
- e
11e

### Business Allocation:

- Business 1:
- Business 2:
- Business 3:
- Business 4:

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

### Business:

### Additional expenses related to business portion only (Direct)

- 12
Casualty losses . . . . .
12
- 13
Excess mortgage interest . . . . .
13
- 14
Insurance . . . . .
14
- 15
Rent . . . . .
15
- 16
Repairs and maintenance . . . . .
16
- 17
Utilities . . . . .
17
- 18
Other Expenses:

- a
18a
- b
18b
- c
18c
- d
18d
- e
18e

Current Year Amount	Prior Year Amount
