

2024 SCHEDULE C
SELF-EMPLOYMENT INCOME/EXPENSES

Business Name: _____

Federal ID#: _____

or

Address: _____

Social Security #: _____

Inventory (circle): Cost, Lcm, FIFO, LIFO, Ave

Basis of books (circle): Cash, Accrual, Hybrid

2024 Revenue: 1099's \$ _____
Cash/other \$ _____

2024 Expenses:

Advertising \$ _____

Car/Truck \$ _____ Total Miles for year _____ Total Business Miles _____

Commissions \$ _____

Contract Labor \$ _____ Did you provide 1099's for amounts paid over \$600? Yes ___ No ___

Employee Benefits \$ _____

Insurance (not health) \$ _____

Insurance – health \$ _____

Interest - Mortgage \$ _____

Interest – Other \$ _____

Legal & Professional \$ _____

Office Expenses \$ _____

Pension/Profit Share \$ _____

Rent – Space/Office \$ _____

Rent – Equip./Other \$ _____

Repairs/Maintenance \$ _____

Supplies \$ _____

Taxes/Licenses \$ _____

Travel & Meals \$ _____

Utilities \$ _____

Wages \$ _____

Other \$ _____

Small Tools \$ _____

Protective Equip. \$ _____

Phone \$ _____

Internet \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Assets Purchased **Asset #1** **Asset #2** **Asset #3**

Asset: _____

New/Used: _____

Date Purchased: _____

Useful Life: _____

Cost: _____

Note: Self-Employed Home Office – Form 8829