

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 2015.
- 4 Did you make any payments in 2015 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

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

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		

Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 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- 15 Purchases less cost of items withdrawn for personal use 15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

	Current Year Amount	Prior Year Amount
14		
15		
16		
17		
18		
19		

Assets Placed in Service This Year

Description:

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____

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

Name _____

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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 _____

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Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Vehicle 3 -

Vehicle 4 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

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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

Current Year Amount	Prior Year Amount

Business Allocation:

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

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
