

Schedule C Self-employment Income

**Business
Name & EIN
Business
Address**

Did you materially participate in this business? If not, number of hours in which you have significant participation		Yes or No
Did you make any payments that require you to file Form(s) 1099. If "yes," did you file all required forms?		Yes or No Yes or No
Medical insurance premiums paid by this activity		
Long-term care premiums paid by this activity		

**Business
Income**

Gross Receipts/Sales	
Other Income	

Expenses

Advertising	
Car and truck expenses	
Vehicle total miles	
Vehicle total business miles	
Commissions and fees	
Contract Labor	
Employee Benefit programs (include small employer health insurance premiums credit)	
Insurance	
Interest	
Legal and professional fees	
Office Expenses	
Rent or lease: vehicles, machinery, equipment, other business property	
Repairs and maintenance	
Supplies	
Taxes and Licenses	
Travel, meals and entertainment	
Travel	
Entertainment	
Meals	
Utilities- fraction of home internet for home office	
Wages	
Other expenses	

Cost of Goods Sold (if applicable)

Home Office

Office square footage _____

Home square footage _____

Beginning Inventory	
Purchases	
Labor	
Materials	
Other Costs	
Ending Inventory	