## **Schedule C Worksheet**

-	Business or Profession:		
Business 1			
Address (1	if different than home):		
Employer	(EIN):		
Income			
meome	Gross Receipts or Sales		
	Returns and Allowances (enter as negative number)		
Cost of	Goods Sold		
	Purchases		
	Cost of Labor/Subcontractors		
Expense	es		
p	Advertising		
	Commissions and Fees		
	Employee Benefit Programs		
	Insurance (health)		
	Insurance (other than health)		
	Interest		
	Legal and Professional Services		
	Meals		
	Office Expense		
	Parking Fees and Tolls		
	Pension and Profit-Sharing Plans		
	Rent - Office		
	Rent - Machinery and Equipment		
	Repairs and Maintenance		
	Salaries and Wages		
	Supplies		
	Taxes and Licenses		
	Travel		
	Utilities		
	Other Expenses:		

(continued on next page)

## **Schedule C Worksheet (continued)**

## **Car and Truck Expenses**

If you use a ve	ehicle in	your business,	please provide	the following	information:
<i>-</i>		,	1 1		

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Vehicle Make/Model	
Data Placed In Sarvice	
Date Flaced III Service	
Purchase Price	
List either your mileage or actual expens	ses below:
1) Business Miles Driven:	
Personal Miles Driven:	
OR	
2) Actual Expenses:	
Gas	
Maintenance	
Repairs	
Taxes	
Fees	
1 000	
<b>Fixed Asset Additions</b> Please provide invoices for any large put	rchases (equipment, vehicles, etc.) during the year.
Home Office	
Do you use part of your home or a separ	ate structure on your property as a home office? If so,
please provide the following information	
Square Footage of Office	
Total Area of Home	
Mortgage Interest	
Real Estate Taxes	
Insurance	<del></del>
Rent	
Repairs and Maintenance Utilities	<del></del>
Other Expenses	