

SCHEDULE C - SELF-EMPLOYMENT

Business Name:

EIN #: Principal Activity:

Material Participation? Yes No All at Risk? Yes No Inventory a Material Factor? Yes No

Gross Receipts \$ Beginning Inventory
 Other Income \$ Ending Inventory

BUSINESS EXPENSES

Advertising	<input type="text"/>	Professional Fees	<input type="text"/>
Commissions	<input type="text"/>	Rent, equipment	<input type="text"/>
Cell Phone	<input type="text"/>	Rent, Other	<input type="text"/>
Employee Benefits	<input type="text"/>	Repairs/Maintenance	<input type="text"/>
Gifts	<input type="text"/>	Subcontractors	<input type="text"/>
Insurance (excl. health)	<input type="text"/>	Supplies	<input type="text"/>
Interest Expense	<input type="text"/>	Taxes & Licenses	<input type="text"/>
Material Purchases	<input type="text"/>	Travel (lodging/other)	<input type="text"/>
Office Expenses	<input type="text"/>	Travel (meals/entertain)	<input type="text"/>
Payroll Expenses	<input type="text"/>	Utilities	<input type="text"/>
Pension/Profit Sharing	<input type="text"/>	Health Insurance	<input type="text"/>

Vehicle Information - you are entitled to use the larger deduction of mileage versus actual expenses. Please complete the following information for us to best determine the method to use.

Yr/Make/Model Purchase Price \$ Date Placed in Service
 Business Miles Total Miles Registration Parking/Tolls
 Repairs/Maintenance Vehicle Leased Lease Payments \$
 Vehicle Owned Interest Payments \$