

### Schedule C - Profit or Loss from Business

Name: Sample

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2017

Yes  No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2017

Yes  No

You filed Form(s) 1099 for the individual(s)

#### Income

	2017	2017
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Income from Form 1099-MISC . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____

#### Expenses

	2017	2017
Advertising . . . . .	_____	Travel . . . . . _____
Car & truck expenses . . . . .	_____	Total meals & entertainment . . . . . _____
Commissions & fees . . . . .	_____	Utilities . . . . . _____
Contract labor . . . . .	_____	Wages . . . . . _____
Depletion . . . . .	_____	Other expenses (list) . . . . . _____
Employee benefit programs . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____
Mortgage interest . . . . .	_____	_____
Other interest . . . . .	_____	_____
Legal & professional services . . . . .	_____	_____
Office expenses . . . . .	_____	_____
Pension & profit sharing plans . . . . .	_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____
Rent (other business property) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Supplies . . . . .	_____	_____
Taxes & licenses . . . . .	_____	_____

#### Cost of Goods Sold

	2017	2017
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . . _____
Purchases . . . . .	_____	Other costs . . . . . _____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . . _____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method

### Expenses Related to Business

Name: Sample

SSN: \*\*\*-\*\*-\*\*\*\*

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use
- This vehicle is available for use during off-duty hours
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2017  
Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . .	_____	Property tax . . . . .	_____
Gas . . . . .	_____	Repairs . . . . .	_____
Insurance . . . . .	_____	Tires . . . . .	_____
Licenses . . . . .	_____	Tolls . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Lease payments . . . . .	_____		_____
Interest . . . . .	_____		_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_ How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	
Mortgage interest . . . . .	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .	_____	_____	
Excess mortgage interest . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Rent . . . . .	_____	_____	
Repairs & maintenance . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses . . . . .	_____	_____	