



## Schedule C Worksheet

For Self Employed and/or Independent Contractors

Tax Year: \_\_\_\_\_

**IRS and State Tax Authorities require that we have on file your own information to support all Schedule C(s). By filling out this worksheet, Proprietor certifies that they have proof of all income and expenses and all information is true.**

Name of Proprietor (Full Name): _____				Social Security # _____	
Principal business or profession, including product or service: _____					
Business Name (If Any): _____				Employer ID Number (EIN): _____	
Business Address: _____					
Date Form Filled Out: _____				Start Year of Business: _____	
Did you "materially participate" in the operation of this business?      Yes      No					
Did you make payments requiring a 1099 Form?      Yes      No      If "Yes," did you or will you file 1099 Form?      Yes      No					
<b>I. Income</b> (Gross receipts or sales and Include any 1099s)					\$
<b>II. Expenses</b> (Use Part III For Home Office Expenses)					
1	Advertising	\$	10	Office expenses	\$
2	Commissions and fees	\$	11	Rent or lease:	
3	Contract labor	\$		a. Vehicles, machinery, and equipment	\$
4	Employee benefit programs			b. Other business property	\$
	Pension and profit-sharing plans	\$	12	Repairs and maintenance	\$
	Other benefit programs	\$	13	Supplies (not included in Part V)	\$
5	Insurance (other than health)	\$	14	Taxes and licenses	\$
6	Interest:		15	Travel and meal:	
	a. Mortgage (paid to banks, etc.)	\$		a Travel	\$
	b. Other	\$		b. Meals	\$
7	Legal and professional services	\$	16	Utilities	\$
8	Other expenses (Describe):				\$
9	Other expenses (Describe):				\$
<b>III. HOME EXPENSES</b>					
1	Total square footage of home:		7	Square footage of home office:	
2	Rent or Mortgage:	\$	8	Utilities:	\$
3	Insurance:	\$	9	Repairs and maintenance:	\$
4	Phone	\$	10	Internet	\$
5	Other expenses (Describe):				\$
6	Other expenses (Describe):				\$
<b>IV. VEHICLE EXPENSES</b>					\$
1	Vehicle (Make, Model, Year): _____			Vehicle Base Cost: \$ _____	
2	Usage Start Date (month/day/year): _____			Usage End Date (month/day/year): _____	
3	Total number of miles: _____		Business: _____		Personal: _____
4	Was vehicle available for personal use?      Yes      No		If "No," Do you have another vehicle?      Yes      No		
5	Do you have evidence to support your deduction?      No      Yes		If "Yes," is the evidence written?      Yes      No		
<b>V. Cost of Goods Sold</b> (Subtract lines 6 from 5)					\$
1	Inventory at beginning of year	\$	4	Other Direct Sales Cost	\$
2	Purchases for resale	\$	5	Add Lines 1 through 5	\$
3	Materials and supplies	\$	6	Inventory at end of year	\$