

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

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 2018       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 2018       Yes  No      You filed Form(s) 1099 for the individual(s)

**Income**

	2018	2017		2018	2017
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC . . . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2018	2017		2018	2017
Advertising . . . . .	_____	_____	Travel . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Total meals . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Utilities . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Wages . . . . .	_____	_____
Depletion . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage . . . . .	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
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**

	2018	2017		2018	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: \_\_\_\_\_

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

Number of miles the vehicle was driven during 2018      Number of miles driven in prior years

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_      Business \_\_\_\_\_ Total \_\_\_\_\_

	2018			2017		
	Business	Commuting	Total	Business	Commuting	Total
Garage rent . . . . .	_____	_____	_____	_____	_____	_____
Gas . . . . .	_____	_____	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____	_____	_____
Licenses . . . . .	_____	_____	_____	_____	_____	_____
Oil . . . . .	_____	_____	_____	_____	_____	_____
Parking fees . . . . .	_____	_____	_____	_____	_____	_____
Lease payments . . . . .	_____	_____	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____	_____	_____
Property tax . . . . .	_____	_____	_____	_____	_____	_____
Repairs . . . . .	_____	_____	_____	_____	_____	_____
Tires . . . . .	_____	_____	_____	_____	_____	_____
Tolls . . . . .	_____	_____	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____	_____	_____

#### 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	
	2018	2017	2018	2017
Mortgage interest . . . . .	_____	_____	_____	_____
Real estate taxes . . . . .	_____	_____	_____	_____
Excess mortgage interest . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Rent . . . . .	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Other expenses . . . . .	_____	_____	_____	_____

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.

